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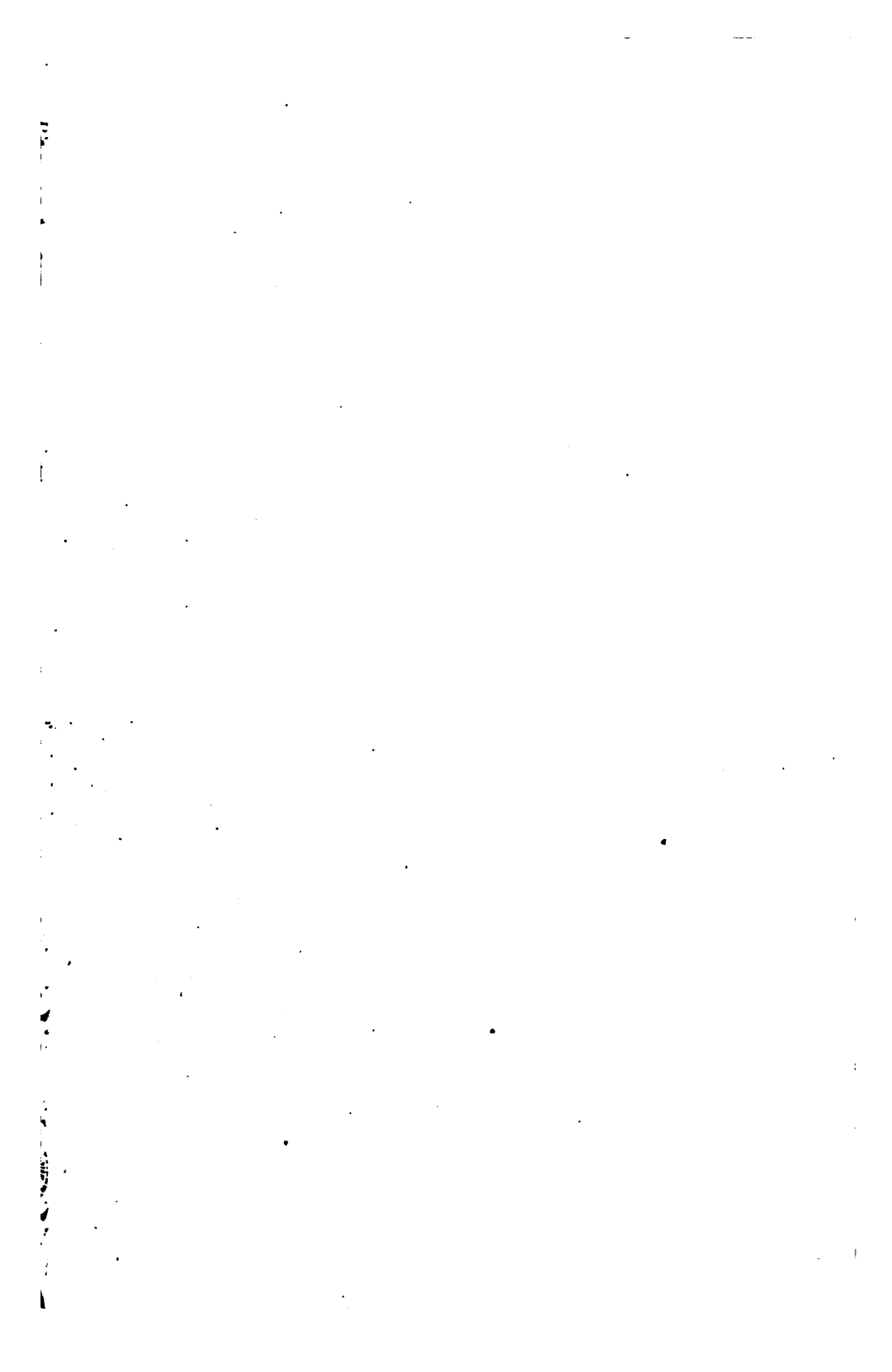
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# Proceedings

OF THE

## EXERCISES AND CONFERENCE

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EDUCATION OF EXCEPTIONAL CHILDREN

INAUGURATED UPON THE OCCASION  
OF THE

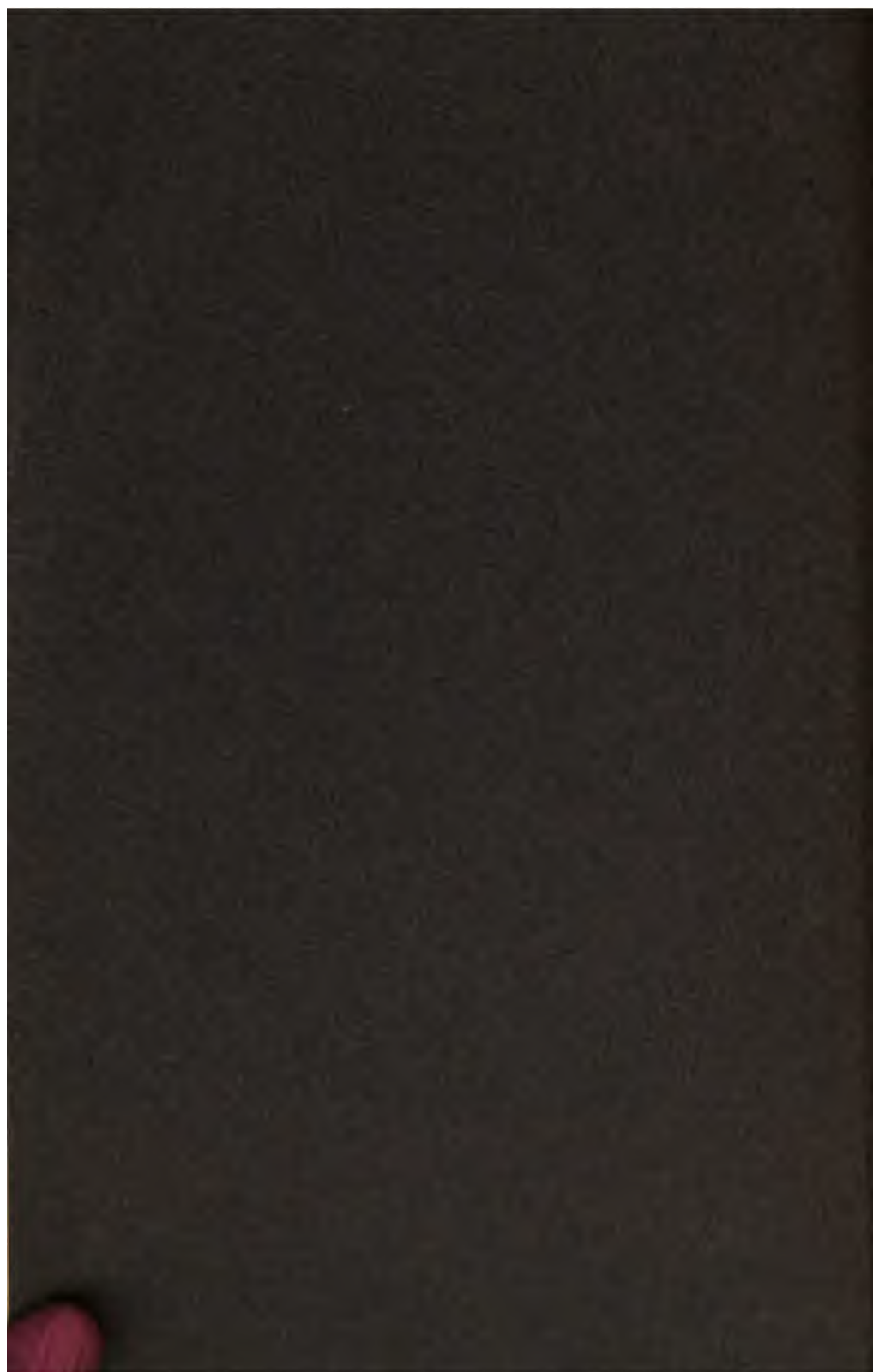
## Tenth Anniversary

OF THE GROSZMANN SCHOOL FOR NERVOUS  
AND ATYPICAL CHILDREN

April First, 1910

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PRICE TEN DOLLARS, U.S.







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EDUCATION OF EXCEPTIONAL CHILDREN**



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Plainfield, N. J.**



## Foreword

The series of exercises and conferences which is recorded here was inaugurated to serve as commemorative of the tenth anniversary of **The Grossmann School for Nervous and Atypical Children**. This school, which was ten years old on April first, 1910, is now one of the activities of the **National Association for the Study and Education of Exceptional Children**, having been originally conceived and undertaken by Dr. Maximilian P. E. Grossmann as a pioneer institution and laboratory for a thoro investigation and study of exceptional development in childhood. While much had previously been done for the feeble-minded, degenerate, radically defective, etc., and more recently for the "high grade imbecile," it was this work which contributed an entirely new point of view and added valuable suggestions for the treatment of such children as were neither strictly "normal," so-called, nor feeble-minded or otherwise clearly abnormal. Dr. Grossmann set himself the task of demonstrating that it is the borderland cases of exceptional development and also the pathologically precocious for whom most can be done and whom it pays society best to educate; for it is these children who thru neglect or wrong education will help to swell the ranks of the misfits as they grow older. When it is realized that thru proper education a large majority of these children can be restored to normal manhood or womanhood, it becomes evident that it is almost criminal to deny such children their due, and to class and treat them as cases far below their actual grade or to overlook their needs altogether. Being convinced of the value of Dr. Grossmann's point of view and appreciating the extraordinary results he had demonstrated, this Association, in March, 1905, took up his work after becoming incorporated as an eleemosynary society under the laws of the State of New Jersey.

The conferences here recorded, which took place on April twenty-first and twenty-second, at New York University, are the first of regular conventions to be held annually hereafter under the auspices of the N. A. S. E. E. C. While it is the aim of the Association to lay main emphasis upon the discussions on the problem of the **exceptional child**



which is redeemable for normal development, it is necessary for the sake of the perspective of the problem to study the condition and method of treatment of practically all children, whether they are normal, atypical and redeemable, or abnormal. While the Association does not hold itself responsible for the views presented by those taking part in these conferences, both past and to come, it extends a cordial invitation to the participants to give full expression to their ideas on the subject, and as each one of them is an expert in his field, the readers of this volume will gather much valuable information.

In this first series of conferences an attempt has been made to set forth clearly the nature and limits of the borderland between normal and abnormal development and to show why even precocity, in its pathological aspect, deserves careful recognition and study. Most of the papers and discussions are based upon the publications and the classification of children as issued by the N. A. S. E. E. C., much in the same way as the latter formed the basis of the convention of the American Academy of Medicine at Atlantic City, in July, 1909. This co-incides with similar view-points which were emphasized at the meeting of the Department of Superintendence of the National Education Association at Indianapolis, Ind., in March of this year.

In further explanation of the purposes for which the N. A. S. E. E. C. was founded, it may be said that its very broad charter embodies the promotion of a national and organized movement for the study of all cases of exceptional development, with particular reference to cases of retardation, irregularity and precocity, rather than to those of arrested growth and dissociation of those elements which constitute present-day civilization. With this in view, the Association is endeavoring to establish and conduct schools and institutions for the treatment, care and education of the nervous and atypical\* child; to provide for the delivery and holding of lectures, exhibitions, public meetings, classes and conferences, calculated directly or indirectly to advance the cause of education, both special and general; to establish and maintain laboratories for the scientific study of the problem of the exceptional child; to print, publish and circulate books, pamphlets and periodicals embodying the results of such investigations, and to advance the knowledge and understanding of the condition and needs of such children; to establish and maintain a library, a portion of which is to be especially

\*The word "atypical" was first introduced by Dr. Maximilian P. E. Groszmann in the sense in which it is here applied as a technical term, in April, 1903, in an address before the New York Mothers' Club.

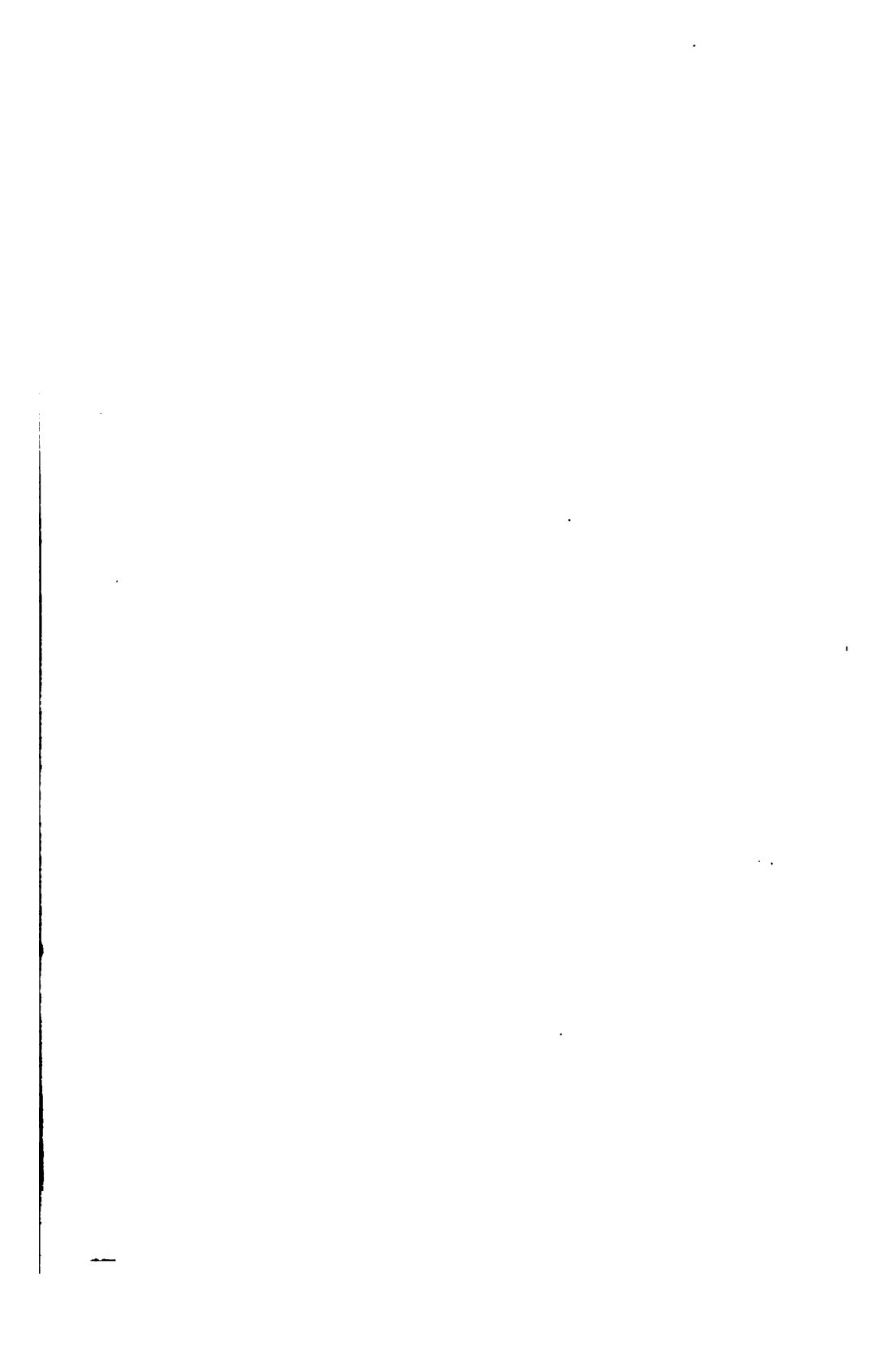


equipped for reference and research work in the interest of special education, and also to provide reading and writing rooms for students; to establish courses of instruction for the education of teachers, nurses and other persons who desire to prepare themselves for work with exceptional children; etc., etc.

A number of these aims have been put into active operation. Much laboratory and research work has been done in connection with the study of special cases selected for education in The Grossmann School for Nervous and Atypical Children. The former view as held by many, that in dealing with exceptional children we are largely concerned with the feeble-minded or otherwise clearly abnormal,—has given way to the conception that thru proper study and education a great number of difficult children, those who cannot possibly be classed with the abnormal, can be developed into normal or even excellent citizens. This shifting of the point of view is in a large measure due to the efforts of this Association which has promulgated it actively thru lectures and the publication of research monographs from the pens of its members and collaborators. A very encouraging beginning has been made in the collection and classification of the various writings upon the subject of exceptional development in childhood. An extensive campaign is being pursued to educate the public to realize what is really meant by **exceptional development**, especially in making better known in what the distinction consists between atypical and **retarded** development on the one hand, and degenerate and **arrested** development on the other. Much remains to be done, and only time and ceaseless effort will gradually bring a fuller realization of the Association's aims.

We invite our readers to study the papers presented in the following pages from the point of view from which they were intended, and we earnestly hope that for the sake of the child which is misunderstood new converts will join the ranks of our Association. The N. A. S. E. E. C. is intended to organize in one operative body all those who begin to realize the gross mistakes in the past in dealing with the problem of the exceptional child, and who see that in the light of the new research work a new duty comes to every earnest man and woman of this age: that of saving the **redeemable** child from misery and destruction, and of saving society from the evils which are bound to result if these thousands and hundreds of thousands of atypical children are left to chance and to injurious influences.







**April First, 1910**

**Anniversary Tree Planting\***

**DEDICATORY ADDRESS.**

Ten years have passed since Dr. Groszmann first began his labors to redeem the child which is misunderstood,—ten years of ceaseless application and sacrifice, but ten years of work well done. These years,—but a short time in which to start the great work, after all,—have fallen heavily upon his shoulders, for they meant years of storm and strain. From the first crude efforts to state a new problem and to grasp its far reaching significance, a more and more clearly defined conception has grown, until today the exceptional child is recognized thruout the country as being an important factor in our daily lives, and one which must be closely considered. This recognition of the child which is misunderstood is due more to Dr. Groszmann than any other one man. His deep study of child nature many years ago opened his eyes to the child soul and at the same time showed him his life's intent. Since then his life has been a ceaseless struggle forward in obedience to the command from within, regardless of the many discouraging obstacles which sprang up on every side, the continual misconception and the constant sacrifice of self for the good of the child.

We plant today the Tenth Anniversary tree. It is young and we are using great care to give it a vigorous start in its new home. We are imagining how in years to come it will stand a proud sovereign among its fellows. Yet we cannot help feeling a slight misgiving that perhaps our efforts will be in vain. We shall anxiously watch and guard this life against a cruel world, hoping thereby to make it thrive. But even so this tree must brave the elements, must brace itself against the storm or bow before it; it must adapt itself to new surroundings wherein there will ever be change; it must suffer cruel hands to break some of its finest branches; and

\*Several years ago the practice of annually planting a silver spruce on the School grounds was introduced, a short service marking the ceremony of planting such an anniversary tree.



yet, it is just thru this stress and struggle for existence that it will gain new strength with every battle to build a sturdier trunk and to attain a fuller growth.

The yearly planting of such an evergreen tree has a significance which is deeper than would appear outwardly. The life of the school which has been built up, and of the idea behind it, have also been watched over with anxious care. Its right to exist among its fellows had first to be proved; its struggles for recognition had first to be fought. Many storms from within and from without shook it to its very foundation; and yet the strength of its young life and the watchful care of its gardener made it stronger with each battle. Today we see its branches spreading out far and wide, and we realize that Dr. Groszmann's work has come to take a proud place among its fellows. The distinct form it has assumed makes it stand out with unusual prominence among the many activities of the life of today.



**April Second, 1910**

**Anniversary Exercises at the School**

**The pupils presented the fairy tale of "Thornrose, or the Sleeping Beauty," as dramatized by Dr. Groszmann.**

**In the intermissions, several persons made addresses some of which are here reproduced**

**PRESENTATION OF A SET OF RESOLUTIONS**

**By S. WILLIAM BRISCOE,**

**Acting on behalf of the parents of the present and former pupils of the School.**

Mr. Briscoe based his introductory remarks upon the Biblical quotation, "I am the Good Shepherd and I know my sheep and am known unto them." He likened Dr. Groszmann in character to the "Good Shepherd." Dr. Groszmann's entire work and pleasure in life, the speaker said, is to do good unto others, to go out into the "by-ways and hedges" and bring in the halt and the maimed so that he may feed and cure them.



**To the**  
**National Association for the Study and Education**  
**of Exceptional Children**

**Trustees**

FRANZ J. A. TOREK, M.D., President.  
S. ADOLPHUS KNOPF, M.D., Vice-President.  
WALDEMAR H. GROSZMANN, Secretary and Treasurer.  
GEORGE ALEXANDER KOHUT, Ph.D.  
SIMON P. GOODHART, M.D.  
MAXIMILIAN P. E. GROSZMANN, Pd.D., Educational Director.

10th ANNIVERSARY  
1910

"WATCHUNG CREST,"  
JOHNSTON DRIVE,  
PLAINFIELD, N. J.

**Whereas**, WE, THE PARENTS OF CHILDREN WHO HAVE BEEN ENTERED AT THE GROSZMANN SCHOOL, "WATCHUNG CREST," PLAINFIELD, NEW JERSEY, DESIRING TO SHOW OUR APPROVAL, ESTEEM AND APPRECIATION OF THE PURPOSE AND WORK OF THE "NATIONAL ASSOCIATION FOR THE STUDY AND EDUCATION OF EXCEPTIONAL CHILDREN," BEG TO TAKE THIS MEANS OF CONVEYING TO ITS MEMBERS AND THROUGH THEM TO THE PUBLIC, OUR SENTIMENTS; THEREFORE BE IT

**Resolved**, THAT THE PARENTS UNITE IN EXPRESSING THEIR HEARTY APPROVAL OF THE PURPOSE OF THE ASSOCIATION. IT IS FURTHER

**Resolved**, THAT THEY CONGRATULATE THE ASSOCIATION UPON THE REMARKABLE GOOD IT HAS ACCOMPLISHED DURING THE SHORT PERIOD OF ITS EXISTENCE AND, MORE PARTICULARLY, UPON THEIR SELECTION OF DR. MAXIMILIAN P. E. GROSZMANN AS THEIR EDUCATIONAL DIRECTOR OF THE SCHOOL.

UPON DR. GROSZMANN HAS FALLEN THE RESPONSIBILITY OF CARRYING OUT THE PURPOSE OF THE ASSOCIATION.

HIS KNOWLEDGE OF THE SUBJECT, HIS KINDNESS, HIS KEEN PERCEPTION AND ABILITY TO READ THE CHILD, AND HIS PARENTAL LOVE FOR THE CHILD, HAS WON FOR HIM NOT ONLY THE CHILD'S LOVE AND CONFIDENCE, BUT THE HIGHEST PRAISE AND AFFECTION OF THE PARENT. HE HAS MADE THE SCHOOL LIKE A HOME TO THE CHILD, AND HAS TRAINED AND EDUCATED HIS CHARGE TO A NORMAL STATE. HE HAS HEALED WHERE OTHERS HAVE FAILED. HE HAS SUCCEEDED.

WE ACCORD TO HIM THE HIGHEST COMMENDATION AS HIS JUST REWARD.

**Parents' Committee**

April 2, 1910.

Tenth Anniversary Celebration.



**MISS PAULA MATZNER,**

**A former pupil.**

When called upon as a former pupil of this School to help celebrate its tenth anniversary, I can truly say that I was glad, (altho I do not feel that I can make a speech), still I have often wished for an opportunity to express my gratitude to Dr. Groszmann and the School for the help I received.

Of the pupils who were my schoolmates I know none who were not greatly benefitted. Altho I have lost track of many, I have heard of some of them since leaving the School, and so know that all these have been active and have accomplished things of which they would have been incapable, I am sure, had they not received the individual training which each of them needed at a critical period in their lives. Their training in this School meant the making of them, far more so than could be said about boys and girls coming from ordinary schools.

I can see now, as of course I could not at the time when I myself was a pupil of this School, that I enjoyed a rare opportunity by being educated individually,—an opportunity which I could not have had in any ordinary institution. There children must be grouped in large classes and it is natural that individual needs cannot be considered as in many cases they should be. Without mentioning other important reasons, the one of lack of time and special training on the part of the teacher is sufficient to make such individual study impossible.

I am myself studying to be a teacher, and I have observed children with great interest. I realize more and more how necessary special training is for the exceptional child, and I also realize where the teacher must learn. Indeed, where is the teacher who is specially trained to teach an exceptional child, not one which is of low grade in intelligence and development, but one which **can** be made into a normal man or woman if only properly understood and trained?

When I look back upon my life in this School, I realize that what I needed was accomplished by methods which did not mean "all work and no play," for we certainly did have good times even while studying hard. And so I, who have felt what individual attention meant for me at a time when I needed it, can truly say that I am grateful for this opportunity to express myself, and I do most heartily wish this movement the success which it deserves.



HON. WILLIAM NEWCORN,

Speaking on behalf of the Citizens of Plainfield.

Ten years ago among the Blue Mountains of Virginia was established the institution that today is celebrating its Tenth Anniversary, with appropriate exercises. With its inception under the direction of Dr. Maximilian P. E. Groszmann, who for many years had made a careful study of the problem of the atypical child, a new departure was made and the school immediately attracted national recognition of this important sociological problem, resulting indirectly in the formation of the National Association for the Study and Education of Exceptional Children.

Through the untiring efforts of the Director and his assistants, the local institution has become more than a school for the education of exceptional or atypical children.

Its sphere of usefulness has become so broad that it now serves as a clinical institution for the dissemination of such information as can be obtained from actual and practical observation and study of the children, thus laying the foundation in other communities for the proper treatment of nervous and atypical children.

The importance of this movement cannot be impressed too strongly upon the minds of the American people. It means the limitation of a number of eligibles for private and public institutions; it means the conferring of a blessing upon the exceptional child in giving him or her their chance and opportunity in this enlightened age, the development of their minds, as the result of mental and physical study, each case standing in a class by itself; it is also the means of diminution of crime and prostitution.

Too much credit cannot be given to the originators and developers of this laudable undertaking and it is, therefore, appropriate that as a citizen of the City of Plainfield, a word of encouragement should be given to Dr. Groszmann and his colleagues upon this auspicious occasion, for strange as it may seem, while the work they have been engaged in has attracted national recognition and approbation, local comprehension of the true intent and object for the foundation of The Groszmann School has been meagre.

Therefore, I say to my fellow citizens of the City of Plainfield and surrounding communities: Aid and assist those who have undertaken this praiseworthy and philosophical work by encouragement, advice, and, if in your means, by



financial assistance; that those who are working in this particular field for the betterment of mankind may know that the eyes of the community are upon them; that their work is appreciated and, hence, not in vain, and your reward will be that you have contributed your little mite in endeavoring to make the exceptional child a credit to his parents, relatives and those among whom it may be his or her fortune to live.

In conclusion, I desire to congratulate you, Dr. Groszmann, upon your work of the past and I trust that the future may demonstrate that your efforts have not been wasted and your reward will be the conscious feeling that springs from the performance of a good and noble action.



DR. MAXIMILIAN P. E. GROSZMANN.

You may have the impression that the many evidences of love and esteem which have come to me on the occasion of this anniversary have been to me a source of unadulterated joy. And, of course, my experience this afternoon has been a joyful one and my soul is deeply touched. Yet, I have also a singular feeling which, while it is not distinctly painful, is certainly embarrassing. While the others were speaking this afternoon, assuring me that this work has achieved a measure of success, to me there came sweepingly the consciousness of its imperfection, and of the inadequacy of any one individual to build up an educational enterprise such as this, which is destined to point out altogether new ways and methods, and to state a problem of world-wide significance. I feel somewhat like Till Eulenspiegel of the German fairy tale. It is said that when wandering in the mountains, Till would laugh and be joyful every time he made a difficult ascent of a mountain, and weep and be sad when he came to the easy descent. As this seemed queer to his friends who thought of the difficulties of going up, and of the pleasures of going down the hill, he was asked why he acted so contrarily. He answered, "In climbing the mountain I think joyfully of the easy descent; and when I go down I think sadly of the new mountains before me that I have to climb."

So it is with me today. This anniversary seems like having reached a pinnacle. But instead of rejoicing, I cannot help but think of the mountains beyond which we have to climb in our forward march. And I remember the hardships and sacrifices of the climb, and the difficulties of the problems which must be faced. Few of you who are here today and are ready to congratulate me, will ever know what the uphill work that we have accomplished has meant in suffering and determination.

And while it is the joy of the fighter to be in the thick of the battle,—when the victory has been won, he may become conscious of the wounds which the fight has inflicted. The man who is building up a great work soon realizes that the work is infinitely larger than his own personality, and that he must be satisfied to be a humble worker in the vineyard of God. This work, to be fully accomplished, will need the intense co-operation of many, and it will reach its perfection when the name of the founder will only be a memory.

But let me assure you that I do not mis-appreciate the love and greetings which have come to me today. They mean



encouragement and inspiration. And it is especially the love of "my children," those to whom I have given my life in personal work,—a love which was so beautifully expressed today by one of them,—which makes this day precious to me. Love and congratulations may be considered the harvest which is being reaped now; but in reality they are the seeds of new life and new efforts to spring up in the heart and mind of the one to whom they are given. And it is in this sense that I thank you for what you have said and done today.







# **Conferences and Discussions**

**General Topic: The Exceptional Child**

**PRESIDING OFFICER: THOMAS M. BALLIET, Ph. D.,  
DEAN OF SCHOOL OF PEDAGOGY,  
NEW YORK UNIVERSITY**

**HELD AT THE**

**Assembly Hall**

**OF THE**

**SCHOOL OF PEDAGOGY, NEW YORK UNIVERSITY  
NEW YORK CITY**

**April 21-22, 1910**







**Thursday, April 21st**

**First Conference**

**10.30 a. m.**

**Session Topic: The Recognition of the Problem  
of the Exceptional Child**

**I.**

**THE HISTORY AND AIMS OF THE NATIONAL ASSOCIATION FOR THE STUDY AND EDUCATION OF EXCEPTIONAL CHILDREN.**

**By FRANZ J. A. TOREK, M.D.,**

**President N. A. S. E. E. C., Adjunct Professor of Surgery, N. Y.  
Post Graduate Hospital, New York, N. Y.**

**New York, N. Y.**

Ten years ago, on April 1, 1900, Dr. Groszmann, the Educational Director of this Association, undertook the education of a nervous and peculiar boy, and, although he had then only a vague idea of the vast importance of the work thus inaugurated, we must consider that event as the beginning of the history of the N. A. S. E. E. C., which grew out of the Groszmann School. For many years before this time Dr. Groszmann had been superintendent of the Ethical Culture School of New York City, where he worked out some problems that were then new but have since been largely adopted. I refer to the establishment of the first complete system of medical inspection of school children in this country; a task in which I had the privilege of assisting him. The results of the medical examination, including measurements, were entered on cards. The observations made in the class room or in conversation with the parents were similarly recorded, and, together, these records furnished the material for studying the child's individuality. I mention these facts, because they go to show how the continued practice of studying the nor-



mal child individually led on to the application of the same principles in the study of the exceptional child.

The Groszmann School, thus, had its origin with one pupil at "Comenius Grove," a farm near Charlottesville, Va. Soon it became apparent that the task which had been undertaken, was of unexpected magnitude. Dr. Groszmann therefore moved the school to Washington Heights in New York City, where it remained for three years. When larger accommodations had to be found to keep pace with the growth of the school, the picturesque present site, "Watchung Crest," at Plainfield, N. J., was selected, where the grounds are so ample as to afford room for almost indefinite expansion.

It had long since become evident that the needs of a great many exceptional children could not be sufficiently dealt with in a private enterprise, as their parents were too poor to defray the extraordinary expense necessitated by this special education. In fact, Dr. Groszmann had all along been accepting a number of pupils on a partial charity basis, defraying the expense from his private funds in order to further the work in which he was so intensely interested. This Association was therefore brought into existence, and the Groszmann School which had originated the movement, became only one of the activities of the National Association the scope of which is a much wider one. Its object is, not only to educate children who differ from the regular type of children, and who are therefore so happily called by Dr. Groszmann "atypical" children, but also to provide for the scientific study of the problem of the nervous and atypical child and to publish the results of such investigations. It also aims to hold lectures and conferences like the present one, to maintain a library, and to establish courses of instruction for the education of teachers and caretakers of exceptional children.

The problem of educating the exceptional child, though similar in fundamental principles to that of educating a normal child, is nevertheless so much more difficult and requires so much study and experience that special workers for this branch of education are needed. Modern pedagogy requires that even the education of normal children must be individualized. No one has yet succeeded, nor will it ever be possible, to formulate a scheme of education that will answer for all children. They differ too much in their physical and mental make-up. We cannot by education create an entirely new being. We are dependent upon the material that we find, and it is the function of education to develop this ma-



terial and build up on it. A large part of the material that we find in the child depends upon heredity, not necessarily from the immediate parents or grandparents, but sometimes from more remote ancestors. It is a well known observation that some children will resemble one member of the family at one stage of their development, while a year or two later they will remind one of another relative and again of still another. So it is also with their mental qualities. Certain traits or characteristics that were possessed by their nearer or more remote ancestors are likely to turn up and may form a very happy or perhaps a most unwelcome attribute. Fortunately, the source of inherited attributes, good and bad, is so plentiful,—two parents, four grandparents, eight great-grandparents, and so forth,—that out of this wealth of characteristics that have come down to us, the better ones can be developed and the worse ones suppressed. That is what education has to do. But how can it be done? The way to strengthen the child's desirable faculties is the same as that in which you would develop his muscles, namely by exercise. Even the most perfectly shaped arm would dwindle down to a miserable member, if it received absolutely no exercise, whereas, on the other hand, a less perfectly developed body may be improved by proper physical training. So it is with the mental faculties. They are strengthened by habitual exercise. Most of our actions are determined by the habits we form. One person's room will regularly be found in the wildest disorder, while in another person's room everything will just as regularly be at the place assigned to it. In each case the regularly repeated exercise of an action has formed a habit, either good or bad. The same is true of the higher, more abstract functions, and education endeavors to exercise the child's good attributes, so as to make habits of them. While this is true of the normal child, it applies with much greater force to the exceptional child, the "atypical" child. Here the individual study of the child must be still more searching. In these cases, furthermore, there is often some influence at work in the child's environment which tends to exaggerate the undesirable attributes. Hence it must be entirely removed from its old surroundings. At its new home the good qualities which before lay dormant, must be asserted and must receive the necessary exercise to change them into habits. But that takes a long time. In the case of the atypical child the correct habits must be very thoroughly incorporated to prevent that relapse into the old condition which has often been observed when the child returns to its former surroundings. Therefore, a stay of several



years at an institution like the Groszmann School is, as a rule, desirable.

In speaking of the aims of the Association I mentioned the publication of the results of investigations made at the school. Owing to lack of funds this has been possible only to a moderate extent, as the Educational Director has been compelled to perform many of the functions that might otherwise be given over to an assistant. A Quarterly Magazine to be issued by the Association would be highly desirable. But even the mere expense of the publication has thus far been a great stumbling block. You have no idea how very economical we have to be to make both ends meet. In spite of these obstacles a number of important publications have come from the pen of Dr. Groszmann. One of the most important of these is a classification of exceptional children. As you can see from our Mid-Year Statement this classification has met with growing favor at the hands of the profession both in the United States and abroad. It is now being used in a number of professional courses, most recently at Harvard University.

I have already told you how very poor we are. A pioneer institution of this kind cannot be self-supporting. Yet, the economic side of our work is of far-reaching importance to the general public. Doubtlessly many of those who now fill the poor-houses, prisons, asylums, and houses of prostitution were atypical children who did not get a fair chance in their early training and who, owing to their inability to keep pace with their more favored brethren, were stamped as being lazy, or unwilling, or bad, or were laughed at, and who finally gave up the struggle against the great odds they had to face, and drifted wherever the tide happened to carry them. The current was practically sure to carry them downward to a lower and lower level. The work of this Association, therefore, is truly a prophylactic work, inasmuch as, by helping these unfortunates to help themselves, it prevents them from becoming a burden to society. It thus helps also to solve an economic problem; for although it is expensive to educate these exceptional children, it is much cheaper than their subsequent maintenance by the State, if they have become degenerates.

In the Annual Report that is about to be issued, I have shown that for the carrying out of our wider activities we are in need of donations to the amount of \$100,000. I may add that I have the firm belief that these donations will be forthcoming at some time; for, doubtlessly, some of those who have enjoyed the benefits of this institution will, if they



attain wealth, be glad to show their appreciation of the education they received here, by contributing to the good cause. But that may be long time coming and we need the financial support now. So we must appeal to the men and women who are sufficiently broad-minded to grasp the importance of the problem we are trying to solve.

When one visits "Watchung Crest" and beholds the beautiful wooded landscape with its hills and valleys and the City of Plainfield at one's feet, all brightly glistening in the mid-day sun, or, still more beautiful, when the setting sun throws its warmer, more sombre tints on the landscape, one feels that this is an ideal spot, fit for pensiveness and musing. At my last visit there I also could not help dreaming, and I looked back into the past, how the Groszmann School started ten years ago with a single pupil and how this Association with its far-reaching influence has grown out of it. A little acorn had developed into a strong oak. And then I dreamed on, looking into the future. I saw how the oak spread its seed, how the seed took root and developed into a mighty forest. This dream is bound to come true. We must be the carriers of the seed; let us all endeavor to plant it on fertile soil, and we shall be happy in the knowledge that we have shared in bettering the lot of our fellow beings.



## II.

### WHAT IS BEING DONE IN THE PUBLIC SCHOOLS OF NEW YORK CITY IN THE TRAINING OF EXCEPTIONAL CHILDREN.

By ANDREW W. EDSON.

Associate City Superintendent of Schools,

New York, N. Y.

I may say in the beginning that this city being so closely populated, and with people of all nationalities, naturally we have big problems to cope with. As we enter upon a close survey of exceptional children within our limits we must keep in mind that we labor under limitations and have made merely a beginning. We could not wait for ideal conditions before we made a beginning. We have here in this city crowded conditions such as are not found anywhere else in the new world, and special problems are often hard to deal with. We must plant our special classes right where our children are, not in the outskirts where we have plenty of ground and room. We do not take any children in the public schools except those that are capable of some intellectual education. If the child is not educable his place is in some institution.

I will give one illustration of the effect of the associates of normal children with sub-normal children in a class I visited a short time ago. A class of ungraded children was in a room well equipped for that work. A little before recess the children were taken to the play ground by the teacher. Soon the bell rang and to my surprise the little children were not called back to their class rooms. Instead they were allowed to remain in the play ground with the other children. I asked the teacher about this and she said that this was one phase of the work; the children were thus made to feel they were a part of the school.

We have three grades for backward and average pupils: First is the C grade for those backward children who do not speak the English Language. In each of our large schools we have many pupils who must receive special instruction. It is good management to keep children who cannot read and write the English language at first in a class by themselves.

The D class is for those who are somewhat behind in their regular grade work and who will soon apply for labor certificates. They must pass necessary tests before these certificates are given to them.



The E class is for those who are somewhat behind in grade work but who by a little extra study and encouragement may be made to take three terms in two and in that way may graduate.

In order to remedy backwardness we are also establishing coaching classes in our summer schools. Last year we had over ninety classes for those children not promoted. They took a six weeks' course in subjects in which they were behind. Of 2,798 children in these classes 1,935 received promotion certificates. It was a delight to visit those classes who by taking six weeks of coaching at public expense were in a position to be permitted to the regular classes.

Truants and incorrigibles are a great problem with us. We have three large schools for these children. The parental school, so-called, is in Jamaica. These children are placed there for two years. We have a Truant School in Manhattan on East 21st street, and one in Brooklyn, where they are taken for one year. In Manhattan we have a school, Public School 120, with something like one hundred and twenty pupils of the truant and incorrigible type. The principal, Miss Jones, is a lady of exceptional ability, and it is simply wonderful the influence she has upon these boys. Most of the pupils are put in small classes and given special training. We have been making experiments for a few years in this particular line of work. The children are not regarded as criminals or even as truants. The help they receive there is of the highest value.

I give one illustration. A boy came to the principal one day and said, "Wouldn't you like to have a mate here? If so, I will have him here tomorrow morning." Next morning a little before nine o'clock he introduced him to the principal. The principal soon got him interested and the boy was delighted to stay there. They have teachers who have hearts bigger than their heads. I think Dr. Groszmann and others have hearts that are prominent features.

The third class is composed of mentally defectives. We started such a class several years ago in East Henry street. We found a room and had it equipped. We took out about two-thirds of the furniture and put in movable and adjustable furniture and allowed one-third of the space for games. We now have an Inspector and Doctor to examine these children before they are admitted and again as seems best. They make a record of this examination. The third card is a pedagogical record made four times per year.



## PEDAGOGICAL RECORD.

P. S. .... Borough. ....

..... 19 ..... 19

Name. ....

Sept. 20	Dec. 20	Mar. 20	June 20	Sept. 20	Dec. 20	Mar. 20	June 20
-------------	------------	------------	------------	-------------	------------	------------	------------

Sense Training							
Taste							
Smell							
Touch							
Sight							
Hearing							
Phys. Train. (imitat'n)							
“ “ (command)							
Writing							
Industrial Training							
Language (oral)							
“ (written)							
Reading							
Arithmetic							
Nature Study							
Personal Habits							
Self Control							
Effort							
Gen'l Informaton							
Power of Attention							
“ Memory							
“ Judgment							
Gen'l Health							
Fatigue							
Attendance							
						Teacher	



## OBSERVATIONS ON CHILDREN

## Proposed for an Ungraded Class

P. S. .... Borough.....

Name..... Address.....

Age..... Grade..... Nationality F..... M.....

Yrs. in U. S..... Home Conditions.....

Health Record: Nutrition..... Bone Dis..... Enl. Gl.....

Teeth..... Throat..... Nose..... Vision R..... L.....

Hearing R..... L..... Nervous Disease.....

School Record: Kn'dg..... terms 1A..... terms 1B..... terms 2A..... terms 2B..... terms 3A..... terms 3B..... terms Sp'cl..... terms. School Att..... Cause of Irreg. Att.....

Absence in last two terms..... Attention..... Memory.....

Oral Exp..... Hand Work..... Phys. Tr..... Number.....

Reading..... Writing..... Sp. Tastes.....

Disposition..... Behavior..... Habits.....

Peculiarities .....

Other Information.....

..... 19.....

Principal.

## SPECIAL MEDICAL EXAMINATION

P. S. .... Borough..... 19

Name .....

1. General Condition.....

A. Anatomical.....

Cranium .....

Facial Asymmetry.....

Palate .....

Teeth .....

Tongue..... Lips.....

Eyes .....

Ears .....

Limbs .....

Skin .....

Body in General.....

B. Physiological.....

1. Motor Function.....

Tics .....

Tremors .....

Epilepsy .....

Nystagmus .....

Promptness .....

Co-ordination .....

Prehension, R..... L.....

Gait .....

Speech .....

2. Sensory Function.....

Vision, R..... L.....

Hearing, R..... L.....

3. Condition of Heart.....

Pulse .....

Throat .....

Remarks .....

Medical Examiner.



## MEDICAL RE-EXAMINATION

P. S. .... Borough. .... 19. ....

Name .....

General Condition. ....

Nutrition .....

1. Motor Function. ....

Tics. .... Tremors. ....

Epilepsy. .... Nystagmus. ....

Promptness. .... Co-ordination. ....

Prehension R. .... L. .... Gait. ....

Speech. .... Fatigue. ....

2. Sensory Function. ....

Eyes R. .... L. .... Ears R. .... L. ....

3. Condition of Heart. .... Pulse. ....

C. Psychical. ....

Balance. .... Proportion. .... Moral Sense. ....

Attention. .... Memory. .... Will. ....

Peculiarities .....

D. Development—Att. Diseases. ....

E. Family History: Births. .... Miscar. .... Deaths. ....

Cause of. .... Diseases F. .... M. ....

.....

.....

..... Medical Examiner.

Recommendation: .....

.....

.....

..... Inspector Ungraded Classes.

At present we have over one hundred classes of these children. We have six classes in one building, Public School 110. Brooklyn has about half as many as we have in Manhattan. The Bronx has four classes and Queens has two and Richmond has three. We cannot do what they can in special schools like Dr. Johnstone's and Dr. Groszmann's, but in many ways we are doing splendid work. The fourth class is cripples. We have twenty-eight classes of cripples in Manhattan, Bronx and Brooklyn. Transportation and medical attendances are supplied by philanthropic means. The Public School authorities have absolute charge of the instruction during school hours.

The next class is for the tuberculosis children. We provide for some of them on the roofs of clinics and on abandoned ferry boats. The children are given all the eggs and milk they desire two or three times a day, and also medical treatment and education.

The fifth class is a class of anaemic children. These children have a slight tendency towards tuberculosis. We



have a school where they can be given most of their instruction out of doors. This is the beginning of what we may have in many of our schools.

In the school for the deaf we have about 160 pupils, with classes limited to about ten pupils each. In conversation they are never allowed to use their fingers. The beginning of the work is very discouraging. I think in connection with deafness in our public schools our teachers are some times at fault and do not give the children the advantage of the foremost seats. Sometimes they do not recognize that the child is deaf, and the child naturally misses a good deal of what is going on in the class room.

The next class is the blind. We have five schools where we have classes for the blind. These classes are limited to ten or twelve pupils each. They are brought there by their parents or by some other child. The city pays for the transportation. These children are not kept in classes by themselves. Instead of isolating them they learn to read by their fingers and to use a typewriter. There is one child in each case who is the care keeper of the child while in school. Many of the children can walk thru the building without help whatever. It is delightful to see these poor children at their work and enjoy their exercises. The School authorities are not begging them to come to school as we do not have any too much room but if the parents want them to come instead of going to an institution we provide place for them.

We strive to find teachers by calling for volunteers. There are many teachers who respond, who come because of their love for the work. You will find that some teachers having a slight tendency towards tuberculosis take up the work because they get medical treatment themselves. We also give to such teachers a bonus of One Hundred Dollars (\$100.)

#### DISCUSSION.

Q. I desire to ask if you would enclude among those who should be educated by the public a child of the wealthy?

A. Of course I do. My theory is that the community owes a duty towards every child and that every child should receive instruction at public expense.



### III.

## THE PROBLEM OF DEFECTIVE PUPILS IN THE REGULAR SCHOOLS, PUBLIC AND PRIVATE

By MILLEDGE L. BONHAM, Jr., M.A.

New York, N. Y.

In discussing such a topic at a meeting of experts, it would be folly for me, a layman, to attempt any treatment of the scientific basis underlying the practise. Therefore, I shall confine myself to a few practical suggestions that are the outcome of my own observation and experience.

Our first impulse is to say that there should be no such problem—these pupils should be in the institutions especially equipped for dealing with their cases. Granted. But the fact remains that there is such a problem. In many communities there are no such schools at all, in others the only ones are private institutions, beyond the means of most parents. Yet in nearly every community will be found children, not idiots,—but defective, some of them; more, merely “sub-normal.” Many of these defectives will be sent to the regular schools.

Consider first the public school. In most districts, practically in all industrial communities, the poor people desire to send all their children to school, (regardless of mentality), until they are old enough to become wage-earners. Usually there is no one to stay at home with them. When 30 to 70 children present themselves to a teacher for registration, it is impossible for her to ascertain their intelligence. It may be weeks before she discovers that certain pupils are feeble-minded. If there be no public provision for them, we shall find that their parents will insist that they are not so stupid as they seem, merely backward, timid, nervous, etc. Or they may insist upon their rights as taxpayers to send their children to school.

What shall the teacher do with these children? If she gives them all the attention necessary, the rest of the class will be neglected; if she lets them sit there, abandoned to their own devices, they will retrogress. Also, she must see that the malicious pupils do not torment the defectives. How? In every grade there are pupils older than the average, who have fallen behind the class and seem unambitious. I think that in nine cases out of ten, success will reward the teacher who puts one of these older pupils in charge of a defective, as a protector, letting him feel that he is trusted



and confided in, to help his feeble companion and the teacher. Incidentally he will be helping himself more. These monitors should be seated next their charges and allowed certain privileges necessitated by the helplessness of the defectives.

In the next place, the teacher should send the defectives out for a frolic, and appeal, in their absence, to the rest of the class to co-operate with her in helping these afflicted ones. Tactfully made, such an appeal will rarely fail,—the mother spirit in the girls, the protective impulse in the boys, will respond to a judicious touch.

Very naturally the teacher who is new at such work will tend to group these defectives for instruction, thereby depriving them of the stimulus of contact with brighter minds. In all large classes, the teacher must form groups, but the defectives should be distributed, not segregated. They should take such part as they can in the easier and more mechanical tasks, but should not be expected even to approximate the same requirements as the normal children. At frequent intervals they should be sent out to frolic in the fresh air. As much manual training and music as possible should be given them, letting the other work drop largely out of sight. When the others are doing seat work in arithmetic, spelling, etc., give the defectives, pictures, blocks, splints, crayolas, manual training supplies, etc. A year spent in organizing their motor connections, in arousing their interests and in stimulating them to effort will be well spent, even if they can neither count nor write at the end of the session. Such pupils would necessarily repeat the grade, and during the second session in many cases it would be possible to teach them a little reading and number work, and how to write a little. As time goes on the tasks assigned them can be gradually increased, but keeping them simple enough to afford the pupil the stimulus of successful effort.

The school physician should, at the outset, be asked to make a careful examination of each, advise diet, etc. He and the teacher should put themselves in touch with the parents as quickly as possible and endeavor to secure their cooperation in all sanitary and hygienic measures recommended. Every few weeks he should be given an opportunity to inspect and see how they respond to the measures used.

Any ridicule from the teacher or teasing from the other pupils should be absolutely prohibited, as this would thwart all efforts in their behalf, by increasing their timidity and reluctance to making an effort.



Their offenses must not be ignored, but gentler and milder treatment must be given them. Each dereliction will probably call for personal study and special treatment. Yet these pupils must not be allowed to absorb an undue amount of the teacher's time, though they must receive encouragement and stimulation to attempt the tasks set them. All this will necessitate careful forethought and systematic planning on the part of the teacher, who should be given every opportunity and encouragement in the working out of these problems. Naturally these defectives will accumulate in the lower grades, so that the teachers selected for these grades should be gracious, tactful, patient, zealous, healthy and optimistic. A sense of humor is a *sine qua non*. They should be paid the utmost the treasury will permit. Put the ablest teachers in these grades—as Kipling says, if you must “use razors to cut grindstones, by all means get the best cutlery.”

Now as to the private school. Here the defectives are the children of those parents who are not willing to recognize the fact, that their children are deficient, so take the position that they merely need more individual attention than the public school can give; of those who recognize the true status, but think a stigma attached to attendance upon the special schools; of those whose children have been rejected by the special institutions, on the ground that they are not so deficient as to be received, and might deteriorate if in contact with lower minds. The private school should exercise the utmost caution in accepting any defective pupil, assuring itself that the parents will give it a free hand, and above all, assuring itself of the co-operation of a competent specialist in the diseases of children.

For a day school the problem is much the same as in the public school, except that a special teacher might be secured to relieve the regular ones of the regular subjects for the defectives.

With the boarding school the problem is somewhat different. The responsibility is greater, but the chances of success are brighter. Here the children can have the same oversight continuously, and not be under the strain of adjusting themselves to both home and school, daily. During school hours the points suggested above would apply here also. During recreation hours, meal time and sleeping hours, the greatest problems present themselves; hence these periods must receive the utmost forethought and attention.

In play hours the co-operation of the normal pupils is the most important thing. An instructor should be present,



however, not to direct the play which should be spontaneous, but to see that the defectives are not imposed upon, tormented, ignored or inducted into vicious practices. He must also see that such pupils are not allowed to give way to their characteristic inertia, but compelled to participate in all the romping and games.

The diet of these pupils should be prescribed and its effects noted by the specialist. His directions should be followed implicitly; these directions should be given after semi-weekly inspections of the patients.

The sleeping apartments of these pupils should have the maximum sunlight and fresh air. Only two pupils should occupy a room, one defective and one normal, the latter the most trustworthy in school; who has been led to feel that he has been honored by your confidence in entrusting his afflicted room-mate to his charge. Of course, each should have his own bed. Also, teachers should enter these rooms at various hours during the night to see that ventilation is secured, covering sufficient, etc.

This requires the careful consideration of the question as to whether or no the school should take defectives. If the answer is in the affirmative, then the staff must be selected with even more care and deliberation than is always necessary. The members must be chosen because of their zeal, loyalty, tact, sympathy and permanent interest in such work. Given such teachers and the right sort of physician, it will often happen that a small private school can do more for such children than the special institutions. Yet if a school gets the reputation of being a refuge for feeble-minded, the normal pupils will go elsewhere, thereby defeating the very object of receiving defectives. Accordingly, each case should be scrutinized very minutely, and accepted only after the diagnosis of the specialist has determined that the chances of success are encouraging. Even then the number of defectives should be a very small fraction of the entire enrollment, and the regular pupils should be made to feel that each case is a special one, accepted only on trial and because you feel that they are willing to help uplift these weaker ones. Assure them that if it is found that such pupils are retarding the regular work, or interfering with the progress of the normal pupils, they will be removed at once. If this is done tactfully, so as to secure the co-operation of the regular pupils, it is manifest that the admission of a few defectives will have a valuable and important ethical effect upon the normal children. If at the same time that you let



light into darkened minds, you make others realize that it is more blessed to give than to receive, that service brings happiness, then your school will be justified ethically, civilly and sociologically.

So much for the defectives—about 2 per cent. of the school population, according to Gulick.

Now as to the “**subnormals**,” ranging between 5 and 30 per cent. of our pupils. They include pupils who are not feeble minded, but are retarded by some physical defect, nervousness or embarrassment and have gotten the reputation of being dullards. Dr. Groszmann, in various addresses, has suggested ideas which have sometimes been considered utopian. I desire to bring a few of these forward for your consideration, merely saying that they do not seem utopian to me, but full of common sense.

In the first place every teacher should be required to learn sufficient physiology, psychology and paidology to preclude her doing anything to increase the number of dullards. Most dullards are not born but made. Dr. Shields holds out that most cases of stammering are the result of frightening nervous children. Dullards are not hopeless, if **taken in the beginning**, but any subnormal child may become a dullard if handled clumsily. The monitors referred to above are one class of subnormal or retarded children. Of course, those who are selected for monitors should be pupils who are behind mainly on account of absence from school, not those who are themselves abnormal.

The attention given these subnormals must be systematic, not haphazard. Each case needs individual study by the teacher. Instead of being compelled to attempt to come up to the standard, the standard must be adapted to them. One will need much manual training, with almost no arithmetic for awhile; another will require less manual training, but much help in reading, practise in counting, and so on. This, of course, means smaller classes; that means additional expense, for not only shall we need more teachers, but specially trained teachers. Yet the additional expense will be money saved, for it will help decrease the total of poverty, ignorance and crime.

Even with smaller classes and better teachers, there will be need for ungraded classes. These are not to be dumping grounds for pupils that tactless teachers can not manage, but should be reserved for the special subnormals that competent physicians and expert teachers agree should be removed from the regular grades. Here they should be given



every opportunity for self-revelation, so that a correct diagnosis may be made. Thence they may be restored to regular classes, sent to vocational schools, schools for defectives, etc., as their work reveals their needs. Evidently such a room will be a psychological clinic as well as a sociological incubator, hence it must be under the direction of an exceptionally endowed and well trained teacher who loves the work and realizes its noble opportunities.

I believe that such measures conscientiously and patiently applied will succeed in restoring many subnormals to the normal class, and will prevent the conversion of potential into actual dullards. Even so, there will be some cases of retarded pupils who will leave school before restoration. Are these to be allowed to relapse to their former state? If not, it will be necessary to follow them up after they leave school. As Dr. Groszmann points out, this will call for the modification and extension of compulsory attendance laws, the multiplication of evening schools, (with ungraded classes), and further, for the creation of a special bureau which shall co-operate with educational departments and boards of charities and corrections, for the care of subnormals who have left school. I know this scheme will be assailed as paternalistic, but remember that **paternalism** and **patriotism** spring from the same root.

These remarks apply, of course, to the public schools, yet the private schools are likely to have a larger proportion of dullards, potential and actual, than the public schools. Their problem will be mainly in the selection of teachers who have the will and the ability to study each pupil thoroughly. Private schools seldom have very large classes, and this can be done without additional expenditure. But the school owner who is not merely after the dollars will feel obligated to do even more. He, too, will probably find it necessary to have an ungraded class; and it will be his duty to see that its members are either on the road to restoration or that they be sent to institutions that can properly care for them. At the same time he must see that the normal pupils are getting such care that they will not feel that they are being held to the level of the dullards. So small and numerous classes, with very flexible gradation should be the rule rather than the exception.

All these **remedies**, and more, are needed, but can we not do something to **prevent** abnormality? Stricter marriage laws, with better enforcement are needed, as well as more exact and extensive vital statistics, and closer study of infancy. Fiske points out that civilization, founded on the



family, is due to the long period of infancy in man,—why then, should not society do something to insure the birth of normal infants and the maintenance of their normal status?

I am aware that these thoughts contain little, if anything, that is new or original. They are simply the contribution of one who having for ten years come in contact with such cases in public and private schools, realizes the magnitude of the problem.



#### IV.

### WHY SHOULD THE EXCEPTIONAL CHILD RECEIVE TRAINING SUITED TO ITS NEEDS AT PUBLIC EXPENSE ?

By M. NEUSTAEDTER, M.D., Ph.D.,

Attending Neurologist, N. Y. Univ. and Bellevue Hospital College  
Clinic, etc., New York, N. Y.

New York, N. Y.

When we follow mankind in its path through centuries, beginning with the self-worshipping individual of the Greeks, then on through the dark middle ages, where the value of the individual is practically nil, and approach the modern era, there dawns upon us one of the most brilliant achievements of human reason in its path of progress, a most wonderful awakening of the social-consciousness, the rise and development of the social sense of duty and obligation, the social conscience.

The beholder of the past meets with gloomy experiences; he finds villagers working as serfs, meekly submitting to oppression; men are sold into bondage by greedy rulers, here and there chained into gangs like animals and succumbing to pitiful and heart-rending suffering. One smitten by an infectious disease, is cast into wilderness with neither medical care nor even a word of comfort and encouragement. But the era of enlightenment, the age of reason furnishes a different picture. Hugo Grotius writes his "*Jus naturale and jus civile*," and Herbert of Cherbury publishes his book "*De veritate*." Laws are promulgated for the proper protection of the masses; the physically and mentally disabled are receiving proper care; not only are devastating epidemics combated, but prophylactic measures for prevention of diseases are instituted and irrespective of whether the individual is poor and incapacitated or not—he feels and knows his relation and obligation to society in general and to the individual in particular. Here the value of the individual looms up as a positive one. And this social consciousness manifests itself constantly in wider circles. While Ellen Key terms the nineteenth century the century of the infant, for it is in this century that parents became more and more conscious of their duties toward the offspring, it became the mission of the twentieth century to awaken in the social consciousness the duties and obligations toward the individual, the most precious asset of a nation.

To the most—fortunately to the most—of our children



society owes no other obligation than the shaping of the circumstances of their parents in such a manner, as not to interfere with the successful progress of their progeny.

In the discharge of its social duties towards the adult, exterminating the slums, and the substituting humane conditions for the poorest, the community has fulfilled its obligation towards most of our children.

But alongside of these—the normal and healthy children who are in need of nothing more than parents and a home, there are thousands of abnormal, atypical or exceptional children, who do not fit into the normal family or ordinary school environment, and to them and to itself through them society owes quite another obligation.

They are in need of a particular kind of education in a particular environment and of a specially trained guardian. Thus we are facing the question: is it the duty of the community to comply with this need? Shall the atypical or exceptional child receive training suited to its needs at public expense?

While the normal child is successfully nearing its goal in various walks of life, the atypical one is very apt to follow by-ways that may lead it to inspiring and lofty aims or to frightful depths. A more or less nervous, eccentric and instable child under inexperienced supervision or without any guidance at all is apt to degenerate into a shiftless, turbulent, irresponsible mind who frequently, nay very frequently, ends in insanity or as a criminal, in a word he may become a leader or a misleader. And that is exactly where the danger lies. Society suffers from these elements, which are shiftless, erratic and ineffective. They cause disturbances, they corrupt the morals, they are responsible for irrational modes of life, for sinister methods in their vocation, for perverse ideals and theories.

The feeble-minded and otherwise abnormal and defective types of persons, will, in most cases be handed over to institutional care, or be otherwise eliminated from the ranks of the struggling millions even in childhood. But the atypical or exceptional cases, as they are understood in this paper, will not be so readily segregated and kept away from society, they're apt to grow up among us as pointed out above and become a constant menace to our institutions and to our national progress. From their ranks come the cranks, the demagogues, the mischief-makers, the trouble-brewers in homes and in public life; those whose warped mentality and eccentric intensity will distort the problems of the day. And yet, if rationally trained and disciplined early, they would ma-



terially add to our leadership, to the bone and sinew of our community, to some of the most valuable elements of progress. Examples are too numerous to mention here, but it may not be out of place to mention two prominent contrasts. The boy Sidis who, under proper training, discovered the fourth dimension and Harry K. Thaw who under improper training degenerated into an insane criminal, are examples of recent date.

Is it not the manifest duty of the community, both from an ideal and a material standpoint, to pave the way of the exceptional child toward lofty aims and to bar it from debasement? Would not society act in its own best interests, would it not relieve itself of a cumbersome and dangerous burden, if the number of its insane and criminals would be materially reduced by proper prevention? Surely no one will gainsay. But it is not only a matter of interest, it is also righteousness that demands it of the social body. As long as society arrogates to itself the right to punish crime, it is also its imperative duty to prevent crime, to nip it in the very bud.

Classes for the care and education of the unfortunate consumptives are being established and maintained, certainly a very wise precautionary measure against the dissemination of the disease and at the same time guarding against ignorance with its inevitable consequences. Do we not in the same measure owe a duty towards the child that shows a tendency to suffer or already suffers from an infectious mental ailment with a proclivity to exert a baneful influence upon the plastic minds of its playmates and schoolmates in their youth with its dire consequences to the social body in their adult life?

The segregation of the exceptional child is just as much indicated as in the case of the consumptive. Ungraded and special schools and classes, such as are now being connected with public school systems, can do very good work with what we may call pseudo-atypical children, that is to say, those with whom a more individualized instruction or discipline will suffice. Pseudo-atypical children are such whose progress in school had been hindered by temporary illness, change of schools, slower rate of development, or physical difficulties, such as lameness, or deformities, impaired hearing or vision, etc. Also children of an unusually rapid physical development, without genuine pathological precocity belong to this class; and that class which is difficult of management (the naughty, troublesome, spoiled children) can be very satisfactorily reached by individual attention in such special classes. But the atypical child re-



quires, in most instances, a removal from its home, which often has been a direct or indirect cause of atypical conditions, into an environment where all educational forces can be scientifically co-ordinated. And this applies to the rich and poor alike. They require the closest observation and study, so that each manifestation can be understood in its causality and as a developmental symptom. Educators and physicians must co-operate in the study of the problem of the exceptional child.

It is an appalling mistake to mass these exceptional children together with the normal in classes, the curriculum of which requires some kind of common proficiency in a large number of studies; and the maintenance of which depends upon lockstep methods of teaching and of such reaction by the child as must inevitably destroy in the exceptional child the ability of asserting its individual growth. In fact, what is best and strongest and necessarily individual is as a rule irreparably curtailed and deformed by this mechanical grading, which is worse even in the well-equipped city schools than in those of rural districts, where one finds more freedom for the pupil if the teacher is at all conscious of the possibilities of the exceptional child.

Among some exemplary institutions, Dr. Groszmann's school for atypical children is the best evidence how the apparently impossible can become an actual possibility in the matter of turning the abnormal child into a useful member of society. We have attained to the age of analysis and synthesis and have wrought marvels in the field of scientific research through the application of these principles. Dr. Groszmann's school has proven eminently successful during its ten years of existence by applying these principles to the education of the exceptional child, by analyzing its potentialities and synthesizing its units in proper proportions, thus creating a new equilibrium, a new readjustment to a new environment, a rearrangement of its ideas into normal streams of thought and thereby inculcating new habits leading to normal, to useful action. I plead that humanity as well as selfishness, that charity as well as justice imperatively demand that the exceptional child receive training suited to its needs at public expense.



V.

**ORAL DEFECTS A GREAT HINDRANCE IN THE  
PROPER DEVELOPMENT OF CHILDREN; THE  
STATE'S DUTY TO COPE WITH THESE  
CONDITIONS.**

**By ARTHUR ZENTLER, D.D.S.,**

**Consulting Dental Surgeon to the National Association for the  
Study and Education of Exceptional Children.**

**New York, N. Y.**

In order that anything, be this of an organic or an inorganic nature, should be perfect in its entirety it must be so in its details and a child in order to be physically as well as mentally normal must have all its organs performing their intended functions normally. In other words, all the child's organs, be they of lesser or greater importance, must be anatomically and physiologically perfect.

In my endeavor to show how defective organs hinder the proper development of children, I shall limit myself to the defects of the oral cavity.

"Malocclusion" is in the oral cavity both, the origin and the result of almost all the defective and pathological conditions, which in their turn contribute to retard or arrest development of other organs.

It may be possible to trace the origin of malocclusion even as far back as intra-uterine life; it certainly is possible to prove that often malocclusion is due to improper care of the child's mouth in early infancy; the necessity of stimulating the bone growth of the mandible and maxilla, being as often overlooked as is overlooked the important relation of well developed jaws and palatal arches to the respiratory apparatus. No straight nasal septi, well developed nares, wide chest containing perfectly developed lungs, can be found in children with constricted palatal arches or with prognathic jaws; and it is not necessary to explain that children who cannot properly air their lungs and who are lacking of proper blood supply will not receive the needed pabulum to their brain, and thus, we find them retarded in their mental development as an indirect consequence of their oral defects.

In order to strengthen this assertion I will casually mention, without going into statistical details, that in Germany, where at first the city of Strassburg and later other cities and state governments were made to see that it was their duty to care for the correction of oral defects in children, the



people have reached the gratifying result of seeing that children who were backward in their studies have risen in ranks in their classes making wonderful progress after their oral defects were corrected.

Oral defects of a different character than the ones attending the malformation of the jaw bones or the malposition of the teeth in the jaws, are the direct cause of interference with the proper physical and mental development of children. I mean such common oral defects as "Tooth-decay" and I intentionally use the terms "Common" and "Defects."

"Common," because tooth-decay is found in 97% of school children and is so widespread among people all over the world that Professor Jessen, the originator of the Strassburg School Dental Clinic, names tooth-decay "*Die Volkskrankheit*" (the disease of the people.)

"Defects," because while tooth-decay is mostly a pathological condition, per se, very often this pathological condition is enhanced by an arrested or retarded development of the tooth structure.

Tooth-decay, in young children, if not corrected in time so as to retain the attacked organ through repair, will result in ultimate loss of one or more of these organs. The loss of as little as one tooth is sufficient to bring about malocclusion; the loss of more teeth will result in extended malocclusion, which at an age prior to the eruption of the "first permanent molar," commonly known as the "sixth year molar," is sure to result in malposition of the permanent teeth, because the crowns of these develop between the roots of the temporary teeth.

But malposition of permanent teeth is one of the predisposing factors of tooth-decay, and while teeth placed in correct apposition to each other, act as a self-cleansing apparatus, and thereby are greatly protected from the ravages of caries, irregularly placed teeth can only with great vigilance be kept from decaying, and only extraordinary precaution for perfect cleanliness of all and everyone of the tooth surfaces and sulci will save them. In a mouth where occlusion is perfect, which implies that the maxilla and mandible are perfectly developed, that all the teeth are present and are in their correct position with regard to the arch in which they are placed and with regard to their relation to the teeth in the opposite arch, the soft tissues and organs in the oral cavity, such as cheeks, lips and tongue, will, during the act of mastication, come in close contact with all the surfaces of these teeth and a natural self-cleansing process is



the result; and so well will perfect nature do this, which in defective oral cavities only extraordinary artificial care for cleanliness will accomplish, that usually in a perfectly developed mouth tooth-decay will be a negligible quantity.

But perfect nature is rare and so are perfectly developed oral cavities and the majority of children on account of it, labor under difficulties which impede their physical and mental development; waiting for proper care which, if given in time and given efficiently and universally, not sporadically as it is given at present in a few clinics kept up by philanthropy,—will be, from a political economical standpoint, of such benefit to the state, and society that the expenditure which the state,—and the state alone can do it universally, efficiently,—would make, will be thousand-fold repaid by building up a body of men and women well developed physically and mentally, while without corrected oral defects the development will never go on normally.

The German Government, many years ago, recognized the need of correcting oral defects in order to improve the physical condition and thereby to develop mental faculties, when through its secretary of war it issued the ordinance that the young man entering the German army or navy must pass through the military dental infirmary before taking up duty. When it is realized that in Germany every able bodied man must at the age of 21 at the latest, take up military duties and that in doing so, his oral defects are corrected and oral hygiene is established by force of habit for the rest of his life, a result is reached which if parental physique has any influence upon the physical and mental development of offspring,—and I believe few are the ones who doubt this,—we find the German offspring having the advantage of parental good influence, from at least the male parent side. With the advent, since 1905, of the public school dental clinic and its generalization in Germany, the care of oral defects will gradually turn from a corrective, into a prophylactic measure, and both boys and girls, benefitting from it, the children of future German generations as a consequence of it, will have the advantage of parental good influence from both the male and female parent, and thus the German people can look forward to a race with normal oral development, with proportionate jaws, well occluding teeth, perhaps almost immune to the ravages of caries, and I dare say, as a final consequence of all this, to a better general physical development, and through it, necessarily to a higher mental development.

The system of public school dental clinic, which at pres-



ent is spread over almost all of Germany, is taken up very fast by other European countries, Switzerland leading next to Germany. In the United States of America, the dental profession has almost since its existence as a profession, tried to do something towards instituting clinics for correcting oral defects, for such who could not pay, but most of such clinics after a short time would go out of existence. In recent years more concentrated efforts of the profession aided by philanthropic institutions have resulted in a more systematic care of the mouth of—a very few amongst the very many—children who need it. Here in New York, for instance, where statistics show that over 300,000 children have oral defects, only a few hundred children frequenting three of the Industrial Schools supported by the Association for Improving the Condition of the Poor, have the privilege of having their oral defects attended to. In the State of Massachusetts and especially in Boston, very serious efforts were made towards generalizing the school dental clinic. In Ohio the dental profession, seconded by philanthropy, and in a measure aided by the state, expects to carry out a program, which, if effectively carried out, will take care of oral defects of all school children.

Past experiences, in this country as well as in countries where such half way measures, as are tried now here, were attempted, show that nothing really efficient and of a universal benefit can be gained in this direction, unless it is undertaken and carried out by its "Natural Guardian"—the State. Therefore, at the Sixtieth Annual Session of the American Medical Association in June, 1909, during a discussion\* in the section of Stomatology, I emphasized the importance of instituting and maintaining of dental clinics by the states or cities, appointing dentists at sufficiently high salaries and with prospects of becoming pensioned, so that serving in clinics, they shall refrain from private practice and give their entire time to this work. I am glad to say that enough interest was stimulated amongst the members of the section, for a resolution to be proposed and carried, that the house of delegates of the A. M. A. be requested to recommend to Legislature this measure.† I earnestly hope that the house of delegates of the A. M. A. will favorably act upon it and that finally it will be taken up by the state, who asserting itself in modern society as its guardian, thereby assumes responsibility for its welfare.

\*Published in the Journal of American Medical Association, Feb. 12, 1910, page 511.

†Published in the Journal of the American Medical Association, July 3, 1909, page 53.



Each new born child becomes a prospective member of society and according as to how his or her faculties will develop, it will become a useful or a useless member,—a “help” or a “burden”—to society. If by means which, for the great masses of the people, the state alone can employ, some children may be changed from useless into useful members, it is plain that it is the state’s duty to undertake this task.

The very fact that the state asserts itself as guardian of society by assuming the privilege of regulating and governing society, implies the obligation—no privilege without obligation—that the state be watchful that such rules and regulations which it imposes upon society, may comfortably and profitably, both to society and the state, be carried out. When the state ordains that all parents must send their children to school, the state takes the obligation first towards the child, that it be placed and kept in such physical comfort that its mental faculties may develop to their highest possibilities, thereby not needing to spend more than the officially acknowledged necessary time, for going through the school grades; second, the state takes the obligation towards society, who contributes to the state’s budget, that it may not be burdened any more than necessary, as it would with children with uncorrected physical defects, impeding their mental faculties and placing them in the position to need the attention of teachers, and to use the space in schools reserved to them, for longer periods of time, thus burdening the state budget.

That such oral defects as malformed jaws and arches with their bad influence upon the development of other organs, indirectly retard mental development, I believe was clearly explained early in this paper, and which mother does not know of the debilitating influence upon her children of the other defect, the common “Tooth-decay”! How many sleepless nights passed in agonies of pain, resulting in the physical inability of regular school attendance were not the consequences of “Tooth-decay”!

If the parent is not financially in a position to have the oral defects of the child properly attended to in time, or if only out of lack of better knowledge the parent neglects this needed attention to the child, and as a result, as said above, regular school attendance is interfered with, on account of physical debility, is not thereby mental development impeded? Will the child not lose his time, and will not the state spend more for educating this child?—It is, therefore, to the interest both of the child and the state, that the state undertakes the correcting of oral defects in children, begin-



ning at the earliest age possible, with a view rather of prophylaxis than cure.

In order to waive the possibility of a doubt as to the fact whether the expense to the state to maintain school dental clinics is not greater than the schooling of children with uncorrected oral defects, I will mention that in Germany where this experiment has been carried on for over five years, statistics show that the former proposition costs a great deal less than the latter. It costs the city of Strassburg about 12 cents yearly per child to correct and maintain in good condition its oral cavity.

It is hard to lay down rules as to how the condition relating to correction and prevention of oral defects should be coped with, but taking for example what was done elsewhere, where success was the result of efforts, it may be easy, following in their footsteps to carry out their program.

It may be expedient to begin by introducing in the curricula of the schools for kindergarten and public school teachers, enough of oral hygiene instructions to enable the teachers to intelligently explain and inculcate to their classes the need and methods of oral cleanliness, as a precursor to better oral development. Further, to arrange for systematic periodical conferences, given by dentists to pupils of all the public schools, inviting to these conferences the parents of pupils, and in connection with the lecture to illustrate the normally developed mouth, the defective mouth, the result of early corrected defects and the sad consequence of neglected oral defects; to illustrate how home hygiene ought to be carried out and to lay great emphasis upon proper infant diet and above all, not to forget to preach that true maxim which is printed in the German dental clinics: "**A clean tooth surface does not decay!**"

Such measures as stated above if carried out universally will have the effect that when the state will take the next absolutely necessary step in order to accomplish results,—when it will institute and maintain the public school dental clinic and make it a rule for every pupil to pass through it, for thorough periodical oral examinations, by dentists paid by the state and giving their time exclusively to the clinic,—the parents and pupils will not look upon this rule as arbitrary or despotic but will gladly obey it. Of course the school dental clinic, after establishing the needs of each individual child, is not to force the children to have their defects corrected by the state, if their parents are willing to have private practitioners do it for them, but in the interest of general hygiene, of society and of the state, such children who cannot seek paid services shall be cared for by the state.



## VI.

### REMARKS ON THE EDUCATION OF EXCEPTIONAL CHILDREN.

By H. H. HORNE,

Professor of Education New York University.

New York City.

Let me confess at the outset that I am without any special knowledge, also without qualification as an expert in the study of this subject, but primarily as one who is interested and one who feels a very great need of educating these children. I was led to accept this invitation because of my interest and because I wanted to indicate the relation of this university to this discussion. I think from a general standpoint that the two phases of this subject are the phase of cure and the phase of prevention. Of these two I think the phase of prevention is more important. The phase of cure touches the present atypical children. The phase of prevention touches the race to come.

Concerning the phase of cure I find myself very strongly in favor of the position that special classes should be organized for those who are atypical rather than have them distributed with the regular classes. I recognize the difficulties with special classes. There are practical difficulties. We cannot always have special classes but where they can be had I think that the special class is desirable. Not having experience of my own I called upon one of my students who is a teacher for special children in this city under Dr. Edson, who writes "In the first place, the special classes are of great value to the regular teachers; second, to the backward children who now have the work fitted to them instead of being made to do the regular work because they could not fit themselves to it; third, to enlarge scientific knowledge of the problem and subjects involved in backwardness." This last point will particularly appeal to the members of this Association. In the laboratory you are in a position to study the atypical child as you are not when you are with the normal children.

Reference has been made to the characteristics of teachers dealing with atypical children. I want to emphasize these characteristics for the teacher of atypical children: cheerfulness, good cheer, good humor, sense for the ridiculous, etc. Let me emphasize the importance of selecting a teacher who by nature is cheerful, not easily discouraged, and sees the bright side of things. If not, you have to change



the teacher, if you have special classes. I remember visiting an institution for atypical children. The first thing I noticed, altho the windows were open, was the need of ventilation and then I saw those signs of physical defects. It took me some little time to readjust myself to live in that castle of despair. We tend to get hopeless in the situation but one must rely upon what natural cheer he possesses.

Of course we all find ourselves in very general support of the principal of cure to be founded in motor training. It is desirable in every case of the atypical children. It is the expression that counts. You come here to hear. If you express an opinion, that particular opinion will remain in your mind longer than the idea which went into one ear and out the other ear. The trouble is the difficulty of getting atypical children interested.

I pass from the first side, the phase of cure, to the phase of prevention. I should like to ask a question which I am not able to answer. I should like to know what percentage of atypical children have one or two atypical parents or grandparents. That would enable us to answer the question to a degree. To what extent it is inheritance, and to what extent it is environment? If it is true that dullards are made, I am sure we might reform in our methods of handling them. I am under the impression that the law of heredity operates in the case of stupidity and that to an extent we are dealing with heredity and I am inclined to think that dullards and atypical children are born rather than made. The question of prevention is essential in the problem of improving human species. There are two sides to this question. One side is to promote proper mating and the other to avoid improper mating of unfit life-partners. In this point I am somewhat clearer. How shall we state the law for the right method of fitting life partners? When two parents with the same defects marry the prodigy must have the same defects and there is no remedy for the defect by education. The only rule, a very firm one, that can be given at present is that a person should select as a consort one who is stronger in those desirable conditions in which he himself is weak. I feel that we should educate adolescence in the principal of heredity and in the possibility of improving human life by proper marriages. Now on the negative side of prevention, avoid the oncoming weak type of human beings. There are three thousand children in New York City with oral defects. Two per cent. of the school population belongs to the feeble-minded class of children. How shall we prevent reproduction of these types? It has been said that we should make marriage



laws requiring physical fitness; but what the State doesn't sanction we take into our own hands. Again, it has been said, the State should kill off the unfit. This will not do, for the sake of humanity. Even if we could eliminate the unfit by following such methods, I should be unwilling to stand for the consequence. It has been recommended that we eliminate physical potency for these people. I cannot feel myself in sympathy with such violation of the life-principle. Now the real remedy is in segregation. It will require a great deal of public opinion before segregation can be effective. It occurs to me that the following classes of people might profitably be segregated: insane, idiotic, feeble-minded, the epileptic and the congenital deaf, and the congenital blind, and inebriate, and I am inclined to add to the list, the incurable drug fiends. I am favorably interested in the organization of an establishment of a colony for the State's atypical children and not simply for the inebriate.

I wanted to refer to the animating motive of this work. I remember visiting an institution for the feeble-minded. I saw one girl and had a talk with her asking her how she enjoyed her work. She had no memory of what her life was before she came. She was in hopeless darkness. She said "I like it here fine." "I like to scrub." That sentiment has remained in my mind. To so many of us who consider ourselves normal our fine work does not appeal, but this girl's soul and life were in her humble work. She had been permitted by this institution to idealize her work and to spiritualize her life. Our labor as teachers of atypical children is to bring light in life where there was nothing but blindness and darkness.

#### DISCUSSION

##### DR. GROSZMANN.

This morning it was stated by Dr. Zentler that tooth decay had a very detrimental effect upon the efficiency of the pupils of the schools. Some of us who were present at the Indianapolis meeting of the Department of Superintendence, in March, will remember that Mr. Leonard P. Ayres made this assertion that his investigations and statistics show that children who have bad teeth are delayed at least a half year in completing their school curriculum. Considering the bad effect which decayed teeth have upon the effectiveness of a pupil, it would seem strange that Dr. Neustaedter should have said that hypertrophied tonsils and adenoids should have no effect at all. It is an experience which cannot be denied that children who suffer from these afflictions are affected in their school work and in their general intelligence.



It is perhaps true that the presence of enlarged tonsils and adenoids does not explain altogether the other ailments and defects which may be found in a number of children. It must also be admitted that children may be perfectly normal in their intelligence and reaction altho they have throat troubles, adenoids and diseased tonsils. This condition is perhaps only an additional detriment to those who are already weak otherwise. It is one of the causes which contribute to dullness. At the same time, the mere removal of these growths will not remove the causes which produce them and which lie possibly deeper. These causes may be found in some defect of the nutritive process. On the other hand, even when the physical difficulty is removed, the intellectual defect is not immediately cured. All children who have had an affliction of this kind, will acquire certain faulty habits of response which require correction. They will need special attention and training for some time. This is the reason why we often do not see the immediate good of physical or operative treatment of these ailments.



## **Second Conference**

2.30 p. m.

### **Session Topic: Phases of Exceptional Development**

#### **I.**

### **BIOLOGICAL VARIATIONS IN THE HIGHER CEREBRAL CENTERS CAUSING RETARDATION.**

By E. BOSWORTH McCREADY, M.D.

Pittsburg, Pa.

In a previous paper, read in Philadelphia,<sup>1</sup> I spoke of a cause of backwardness in school-children which I think is more common than is generally supposed, namely congenital word-blindness, and reviewed the cases to be found in literature, besides reporting a case which had come under my own observation. Claiborne<sup>2</sup> under the term congenital symbol-amblyopia includes this condition with an incomplete congenital figure blindness, also speaks of incomplete congenital word-deafness as amblykusia and postulates an incomplete congenital musical-note deafness which he terms ambly-musia. He later<sup>3</sup> includes stuttering in this class of defects. I will take up these conditions, in which I will include delay in the acquisition of speech, in detail.

Congenital word-blindness or word amblyopia is a condition which interferences with the stamping of word images upon that particular portion of the brain which through inheritance from generations of reading and writing ancestors has become specifically developed for their reception; the angular gyrus either alone, or in association, with part of the supra-marginal lobule. That word-blindness occurs as a result of defective development, either intra-uterine or as the result of injuries received during labor there is no doubt. On account of the distinct hereditary and familial influence shown in a large number of the cases reported, and the lack of history of prolonged labor or birth injury, the evidence would seem to be greatly in favor of the condition being ontogenetic in origin. The term "biological variation" was suggested to me by Dr. Lightner Witmer for use in describ-



ing this class of cases. I will use it hereafter both for congenital word-blindness and conditions related to it.

Since the report mentioned above, another case has come under my observation. This case was exhibited before the College of Physicians, Pittsburg, on the 24th of March last. His history in detail is as follows: Case 1. George T., aged 13 years. Examined first on Feb. 25, 1910. Entered school at the age of 6 years. His attendance had been very regular. He had progressed no further than the second grade, having missed five promotions. His teacher reported that he was very obedient and tried hard, but seemed unable to learn anything that required reading.

His family history was negative as far as anything bearing upon the boy's condition was concerned. An older brother is very bright. Birth was normal in every respect. He was nursed by his mother until the age of 14 months. He seemed very bright during infancy and early childhood. His early development was normal. He has had pneumonia and afterward scarlet fever. Physical examination showed a boy of shy appearance, in good physical condition. He had a slight degree of nasal obstruction on account of a small amount of adenoid tissue in the nasopharynx. He had no apparent errors of refraction. He was right-handed. He had a fair amount of general information, took part in the games of his companions, and was fairly intelligent in everything not connected with his school work. He was taking piano lessons and is making very good progress as he reads notes with ease.

I found, however, that he could name correctly but a few of the letters of the alphabet; z he called s, l he could not name at all, r he called b, p he called r, l he called t, t he called f, etc. He was unable to read the simplest words, calling "dog," you and "yes," our. "May," "did" and "on" he would not attempt. His recognition of numerals was good. He could do simple multiplication, addition and subtraction.

About half of the cases of word-blind children are also letter-blind, while but a small proportion are unable to recognize figures. In fact, some of them are unusually good at arithmetic and the facility with which the case under discussion recognizes musical notes has been noticed in others. As I have remarked in the article alluded to, although but some 40 cases have been closely observed it would appear that this number represents but a small proportion of those affected, and that systematic school inspection and closer study of backward children in the consulting room and the



clinic will show that this is not at all a rare condition. Thomas<sup>4</sup> calculates that one in two thousand of all London elementary school-children may be expected to show word-blindness to a considerable extent. It is of the utmost importance that these cases be diagnosed and the proper educational treatment instituted while the child is still young enough to profit by it.

#### **Figure-blindness or amblykusia—**

A small proportion of patients subject to word-blindness will show figure-blindness to a greater or lesser degree, although some are exceptionally good at arithmetic. Congenital figure-blindness to any marked degree unassociated with word-blindness has not, I believe, been described, though in speaking of acquired aphasia, Bastian<sup>5</sup> says "on rare occasions it has been found that loss of ability to read and comprehend numerals exists in the absence of word-blindness." Taking these facts into consideration it would seem that the visual impressions derived from numerals are registered in a brain region which is slightly removed from the visual word center. Children will be found who while able to recognize the letters of the alphabet both singly and when combined to form words are unable to recognize or remember numerals, especially when in combination. These children are very likely to be bright in subjects in which figures are not required, though as in word-blindness, occasional cases will be found in which the lack of cerebral development is more or less uniform, but more marked in this particular direction.

These children usually fall far behind in their mathematics and are often kept back in their other classes because they are unable to learn enough arithmetic or algebra to admit of their promotion.

#### **Congenital Word-deafness—**

Of all the centers concerned in speech the integrity of the auditory is of the most importance.

Thought in its higher manifestations cannot be carried out without the aid of language of some kind. The most used and most important means of expression is through speech. The proper development of speech is dependent not only upon a perfect peripheral hearing apparatus (the ear) but also upon a perfect auditory center. Congenital deafness always entails mutism, as does acquired deafness occurring before the child has learned to talk. Even the child of five or six years who has learned to talk will upon becoming deaf



forget how to speak. Under these conditions there is an arrest of development in the auditory center secondary to the peripheral lesion. In word-deafness the trouble lies in the auditory word-center, "the cortex of the middle and posterior portions of the first temporal convolution, extending over into the second temporal and upward into the supra-marginal convolution, where it impinges upon the cortical area for visual images."<sup>6</sup> In this condition words are heard merely as noise, or impressions only of certain sounds making up words may be received. In the first condition the child might be suspected of being feeble-minded, even though his general cerebral development in other directions, might, except in so far as it is dependent upon this important center, be normal.

Case 2. Violet L. Aged 5. Referred by Dr. W. P. Barn-dollar, on account of mutism. First examined April 11, 1910. Family history negative except that maternal aunt died of tuberculosis. Is second child. Birth was normal. Is right-handed. Nothing unusual in early development. Child has never been ill. She had enlarged tonsils and adenoids which were removed several months ago. She is a very healthy, alert looking child with apparently normal mentality in every other direction with the exception of inability to talk. Dr. Barn-dollar states that she is not deaf for ordinary sounds. She, however, seems unable to understand anything that is said to her, although she is very expert at interpreting actions accompanying verbal directions or commands. She also seems to be able to use lip reading to some extent. Efforts at speech are confined to a few unintelligible sounds. Diagnosis was made of word-deafness with consequent mutism. An attempt will be made to educate the word-centers of the right hemisphere.

### **Idioglossia—**

Of Idioglossia, which I believe to be due to partial word-deafness, Bastian says<sup>6</sup> "some curious cases of congenital speech defect were described by Hadden<sup>7</sup> to which the term "idioglossia" has been applied. These children have to a certain extent a language of their own, so that when asked to repeat phrases they make use of different, though definite, sounds instead of those proper to the words that should be employed. The sounds which they substitute are said to be always the same for the same words. Some of these patients have been capable of writing correctly from dictation, and they have also shown a fair amount of general intelligence."

Guthrie devotes an entire chapter to this subject in his



book on "Functional Nervous Disorders in Childhood."<sup>8</sup> After reviewing the cases to be found in medical literature he reports in detail a number of cases which have come under his own observation, and draws the following conclusions.

"1. The term idioglossia is legitimate as representing the condition of a well-marked group of cases.

"2. Idioglossia is neither a spontaneously invented language nor an example of atavism, nor a "sport" in language. It is not to be confounded with baby language nor with the language of imbeciles, although it bears a superficial resemblance to them. It is not evidence of weakened intellect, but may possibly indicate hereditary taint of insanity.

"3. Idioglossia is an exaggerated form of minor and extremely common defects in speech.

"Idioglossia does not depend upon malformation or imperfection of the motor organs of speech, but probably is chiefly due to congenital deficiency of audition not amounting to deafness.

"As such it has no more pathological basis than has the absence of a liking for sport, or a taste for art, or a sense of humour."

This condition is by no means rare, and as Guthrie states, "should not be confounded with baby language nor with the language of imbeciles."

Upon being confronted with a child with idioglossia the temptation would be to put it down at once as feeble-minded, especially when his speech defect is combined with a marked want of attention and mental concentration as is often the case. These cases come very often under the observation of those who have much to do with feeble-minded and backward children and it is of the utmost importance to the future of the child that a correct diagnosis be made. As Coleman says "Although the children are often intelligent and quick, the difficulty of making themselves understood gives other people the impression that they are idiots." I will report a case that recently came under my own observation.

T. F. T. Referred by Dr. J. Homer McCready. Male. Aged 5 years. First examined February 14, 1910. Family history negative except that father drank excessively at times. Is the second of three children. Birth normal. Early development normal except that no attempt was made to speak until the age of two years. He had measles and typhoid fever at four years from both of which he made a good recovery. The child was robust and in good physical condition. The laryngologist who referred the case stated that



the hearing was good and that the nose and throat were clear. Attention was wandering, but general intelligence seemed to be very good. Speech was unintelligible. He rendered, "Go to bed"—"Do bei"; "piece of candy"—"pe tandy," at—ha; on—o; wax—wa; it—i; up—u; look—ook. With only a superficial examination I would have classed this boy as imbecile. His marked improvement both in speech and in attention and general intelligence under special training have led me to believe that that would have been a serious mistake.

### **Delay in Acquisition of Speech—**

Occasionally children will be found whose later development is normal in every particular who do not speak until five or six years of age. When word-deafness can be eliminated the possibility of retarded development of the motor speech center, or its association path-ways (either functional or structural) should be considered. It might be well at this point to speak of the influence of right and left handedness (or rather right and left-sidedness) upon the development of speech. It is not the purpose of this paper to enter into a discussion of the reason for the fact that in ninety-one per cent. of individuals the left side of the brain seems to be assuming control of the more complicated motor-functions performed by the right side of the body, while the right hemisphere attends more especially to the nutritive functions through the sympathetic system.<sup>9</sup>

It is generally conceded that in right-handed individuals the complicated mechanism of speech is controlled by the zone of language in the left cerebral hemisphere.

"It must needs be admitted that there is a general auditory area, a general visual area, and a general kinaesthetic area in the right hemisphere, and that incoming stimuli make on it an impression similar to that which they do on the so-called "educated" hemisphere. These impressions are bi-lateral in reception, but unilateral in interpretation. This unity of interpretation is determined by commissural fibres of the corpus callosum. Now the same factors that determine right-handedness determine also that the left-hemisphere shall be the executive speech side, but the elementary work is done on both sides."

An individual is congenitally either right or left-sided, consequently the executive functions of his speech centers must assert themselves very early in his development, at the time when the only sounds he makes are purely reflex. General kinaesthetic impressions have a decided influence in the



development of the speech centers as is shown by the marked improvement in speech as shown by cerebral hemiplegics after tenotomy. The more frequent and dexterous use of the muscles of one side would, therefore, assist materially in speech development. It would seem advisable in those children who use the left hand by preference, to allow them to continue doing so until the full development of language in all its manifestations, including writing, instead of forcing the use of the right hand, as is usually done.

In support of this theory I will report the case of a little girl who recently came under my observation.

L. A. Referred by Dr. M. B. Katzenstein. First examined March 6, 1910. Family history negative except that a maternal aunt died of tuberculosis. Birth normal in every detail. Child is well formed and healthy, has never been really ill. Development in everything except speech, normal. Did not attempt to form words until one and one-half years of age, when she began to acquire a vocabulary of a few words in the usual way. About this time it was noticed that the left hand was used in preference to the right. Steps were taken to correct this tendency after which she suddenly ceased to talk. She used unintelligible phrases and gestures to denote her wishes. The child's mental condition was on a par with that of other children of the same age. Her appreciation of words and sounds was very good. Her articulatory organs showed nothing abnormal. After a week or two of special training with liberty to use the left hand freely she began to speak again at about the stage where she had left off.

#### **Amusia and Ambly-musia—**

If we accept the theory held by Edgren and others that the different forms of amusia are dependent upon damage to special centers and commissures which are adjacent to, but not identical with, those other centers damage to which gives rise to the corresponding forms of speech defect, we must assume that an auditory center for tones will correspond with the auditory word center, a kinaesthetic tone center with the kinaesthetic speech center, and a visual center for notes with the visual word center. In a congenital lesion or variation in the auditory tone center there would be partial or complete tone-deafness. According to Bastian,<sup>10</sup> "The existence of tone-deafness as an isolated and inherent defect is probably far from rare." There are persons who are incapable of discriminating between the two notes of an octave and who notwithstanding the most frequent opportunities of hearing



music remain quite incapable of distinguishing one tune from another.

Variations in the kinaesthetic center or its commissures would account for the inability of some individuals to "carry a tune." There are some persons who while possessing a "musical ear" are still unable to reproduce what they have heard. It is interesting to note in this connection that idiosyncrasia is sometimes associated with ambly-musia as in the case of H. P. reported by Guthrie.<sup>8</sup> It seems very likely that the imperfect appreciation of the various shades of difference in cadence and inflection of the normal voice might have a decided influence upon the causation of word-deafness.

### **Stuttering—**

I fully agree with Claiborne<sup>3</sup> that stuttering is due to a congenital defect and believe that the variation is one of this class. The subject of the relation of stuttering to amusia I expect to take up in a later paper.

Congenital variations in the visual center for musical notes is difficult to demonstrate, though it sometimes occurs that those who have attempted to gain a musical education have found it very hard to read music. With the exception of the influence upon stuttering of which I have spoken, the lack of development seems to bear no intimate relationship to retardation. Many men of great intellectual endowment have been totally destitute of the musical faculty and it is further a well known fact that in the feeble-minded it is often well developed.

### **Conclusions—**

Clinical evidence would seem to warrant the assumption that:

1. There are a large number of children retarded in their mental development on account of insufficient activity caused by biological variations of the special centers making up the zone of language.
2. That these children are very likely to be considered feeble-minded unless studied very carefully.
3. That these children eventually become feeble-minded by deprivation unless their condition is exactly recognized, and the proper treatment instituted.

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## II.

### TYPES OF CONGENITAL SYMBOL AMBLYOPIA

By J. HERBERT CLAIBORNE, M. D.,

New York City.

On February 19th, 1906, I read a paper at the New York Academy of Medicine, entitled "Types of Congenital Symbol Amblyopia." Later I read this same paper before the Section on Diseases of Children of the American Medical Association at the 57th Annual Session, June, 1906. In them I described in detail two cases of so-called congenital word blindness, and presented reflections and ideas which have been suggested to me by study, which ideas I take pleasure in setting before you to-day, though in a slightly abbreviated form.

I will briefly review the two cases. One was that of a boy ten years of age, who was unable to recognize the letters of the alphabet, and, consequently, could not recognize the words composed of the letters. He was fairly bright in every other respect and knew the meaning of spoken words; recognized objects and their uses; was talkative, communicative, and even garrulous at times; played and acted in a normal manner, and in all other respects was like other children of his age. His spontaneous writing exhibited to some extent the ear marks of a classical motor aphasia. He was able to recognize figures easily and had no difficulty in his mathematics at school. He was very backward according to his teacher, and she was inclined to call him a fool. The temptation was strong for me to do the same until I had studied his case thoroughly when his defects became evident; it was a case of letter blindness, consequently word blindness.

The second case was that of a boy of nine, in the higher walks of life, who was brought to me by his father because he could not be taught to read at school. This boy knew his letters perfectly, missed none of them, but when it came to recognizing words, showed himself decidedly word-blind. My own name, Herbert, he wrote from dictation, letter by letter, "Herbdred" and called it "purram." There were a few words like rat, cat, and all, which he spelled accurately because, his father said, he had been drilled in them thoroughly by repetition. Beyond that he was unable to recognize any word at all.

When asked to make a few figures, his whole demeanor changed, and he approached the desk cheerfully and with apparent confidence. He made them all correctly, knew them



all, and did several sums as quickly and correctly as any child of his age. He appeared an intelligent child. He was likewise most shame-faced and shy on account of his defect, recognized it, and was examined with the greatest difficulty. After describing his case in public, I wrote his father requesting that I might see him and examine him again. He replied that the boy was unwilling to come to me on account of shame-facedness. I lost track of both of these children and do not know what has become of them.

This boy wrote fairly well at dictation and spontaneously. He differs, therefore, from the preceding one in that he recognizes the letters which are component parts of a word, and can pronounce each letter in every word, but when he has finished that he cannot recognize the words which the letters spell; nor can he remember the pronunciation which has been fixed by authority.

To depart for a moment from the important consideration of the cases in hand, I would like to know who it is that says c-a-t spells cat, except by authority of custom and wont. C-a-t spells cate, but custom and authority has made it cat, and cat it remains for all time unless changed by statute. But d-o-g spells dog, and cannot be made to spell anything else. Those who learn to read English always have this difficulty before them, and it would be interesting to know what difference there is in the relative facility with which children learn English which is filled with such arbitrary pronunciation, and some other language in which each vowel and consonant has a definite value, such as Italian, Spanish and German. Let us compare, for example, the English words "tough" and "slough." No such difficulties, I believe, exist in the three other languages I have mentioned. I believe, and it is reasonable to assume, that word amblyopia exists more frequently in English speaking children than in those speaking other languages that have not the difficulties of English.

The method of instruction employed in our public schools is of particular advantage for those cases in which there is letter amblyopia and letter-word amblyopia.

I refer to the method by which children are taught to read by looking at words and recognizing them as a whole. A child who can differentiate T from Z would certainly learn to differentiate the word "lake" from "dog" for example, and call them correctly since they have no resemblance whatever to each other. Whereas, by the old method of instruction of teaching letters first, it would be impossible to teach these children who are letter amblyopic



to read these words. I am aware also that the cultivation of the auditif is a factor in the method of instruction referred to. For my own part, I cannot give too great commendation to this method of instruction.

Let us take, for example, the English word "mutton." If we teach by the old method, it is necessary that the child should spell the word out by the letters and, therefore, two acts of auditory memory are necessary. First, that m-u-t spells "mut"; second, that t-o-n spells "ton"; then comes into play the constructive faculty of putting the two together and pronouncing them "mutton." But when the child is taught that the word "mutton" with its visual marks and characteristics, stand for the sound "mutton", the fact is accomplished easier and is not so complex. A simple and single act of word memory alone is sufficient, and the constructive act is avoided.

It is a well-known fact that there are many people who throughout their lives are unable to learn mathematics or comprehend it, and that as children were backward in this respect; indeed, far more backward than would be naturally expected from their general intelligence. I think I may cite my own case here without being too personal. Mathematics has always been a bugbear with me from childhood. Every other department of learning which I have essayed has been fairly easy to me, but in the presence of figures I was ever as shame-faced and shy as the boy I have described. The higher mathematics are as unintelligible to me as the cuneiform inscription on the walls of ancient Babylon, yet I believe I can think in a fairly straight line, form a syllogism, and draw a conclusion consistent with the necessary forms of thought. Mathematics, unless it is of the transcendental type, deals with the relationship of things to each other; and many a man has been able to achieve good results by the practical handling of things without being able to reduce his acts to the analysis of symbolic thinking. This is the illustration of the so-called practical man who, when he gets uniformly good results, must understand what he is doing, yet the symbolic figuring representing his acts would be totally unintelligible to him.

Now letters and words are symbols of one kind even as figures are symbols of another; both represent thought, so I think that this form of figure amblyopia should be classed as a distinct thing and placed in the same category with letter and word amblyopia.

Dr. McCready has made some reference to another term that I have created, viz., amblymusia, or imperfect apprecia-



tion of music. Music can be classed under two heads, written music and sound music. Those who have a good memory for musical sounds and can reproduce by voice or instrument their auditory musical pictures are said to have a talent for music. Yet there are a great many people having perfect memory of tone who cannot reproduce it. Such people, of course, have not the constructive faculty of reproducing their musical pictures. Again there are people who have excellent musical memory and so-called good ear who can play by note only with the greatest difficulty, and who can memorize a written piece of music only by the greatest effort. Such people have good auditif for music but symbol amblyopia for musical notes as written.

It is well known that savages are exceedingly poetic by nature, and one would naturally conclude they would have a natural talent for music. The reverse, however, seems to be the case. The music of savages in reality is no music at all; it is not "a concord of sweet sounds," but noise, cacaphony. Nevertheless, they have precedents in nature in the sweet singing of birds, the sougning of wind in the tree-tops, the rhythmic fall of water, than which there is no sweeter music. I am inclined to think, therefore, that our conceptions of music, particularly symbolic music, are purely the result of evolution and civilization. The faculty of remembering musical notes is a distinct one and probably should be classed with figure memory and letter memory. Per contra, want of ability to remember musical notes, should be classed under the head of symbol amblyopia.

As science progresses it is possible that other symbols will be created in the future to represent advances of science, and when that has been done it is not unlikely that other forms of symbol amblyopia may become apparent. We all recognize that there are some who play cards well, and some who do not. There are those who have the so-called "card sense" and those who have not, and my study of symbol amblyopia has convinced me that those who play cards well are those who have good memory pictures of the cards in the pack; and those who do not play well have symbol amblyopia. It is probable that this form of amblyopia is more nearly allied to that for figures than to any of the others; because cards concern numerals and yet there are face cards and numerals in the pack, so that the defect is probably both a picture and a numeral amblyopia. I believe if sufficient investigations were made it would be found that those people, as a rule, who are good in mathematics are good card players, though it may not necessarily be so. If I may re-



fer to myself once more I would like to record my own experience as consistent with this suggestion; I am a wretched card player, and I am no less diffident and shy about playing cards than I am about doing mathematics. I have for cards the same aversion that I have for figures. My weakness in both directions is known to my intimate friends.

The discussion of this subject and of the other kindred ones, is to enable the members of this association to determine upon a method of correction of defects in defective children; it is, therefore, of the highest importance to be able to draw conclusions from the study of all these subjects. Upon our conclusions may be based methods of action which if they do not cure the defects present, will minimize or modify them and enable us to place these unfortunate children in such a position as to insure their happiness and success and prevent the mortification which comes from unjust criticism or the chagrin which comes from failure.

As Dr. McCready has pointed out to you, the left side of the brain controls speech in those who are right handed; and the right side of the brain in those who are left handed, and it has occurred to me as a method of treating these children who are symbol amblyopic, that they should have their "dexterity" reversed as I have described it, that is to say, at as early an age as possible those who are right handed and symbol amblyopic should be trained to left handedness, and vice versa, so that the speech center is reversed in each case from one side of the brain to the other, and one side so educated that it takes command or supplements the other.

When I read my paper I suggested that experiments should be made along these lines. I did intend to put this into practice in one case but have been unable to do so owing to the limited opportunities to study the child.

I believe that this is the first time that any suggestion of this description has been made with reference to congenital amblyopia or word-blindness. In a letter written in the last twelve months to the Journal of the American Medical Association, I carried this idea of reversing the dexterity into a field which is allied but somewhat different. I refer to the unfortunate defect of speech known as stuttering. I conceived the idea that stuttering is due to a congenital defect somewhere in the neighborhood of the speech center, and that lack of co-ordination which characterizes this defect is the result of imperfect cell development in the brain. My suggestion was based mainly upon the study of my own son. He is naturally left handed



and was taught French first; he learned speech as readily and as rapidly as most children, but after he commenced to speak well enough to attract the attention of others, his mother determined to change his left-handedness into right-handedness, and so constantly corrected him. I observed that as soon as he had used his right hand for some time and had acquired some ease with it, he commenced to stutter. We persisted, however, in making him right-handed and after several months caused him to be habitually so. In proportion as his right hand became more dextrous his stuttering diminished and now having acquired perfect use of his right hand, he has ceased stuttering entirely. It required between twelve to eighteen months to produce this effect. At this time he is eight years of age and occasionally uses his left hand and seems to prefer it, but uses his right hand habitually.

Upon this result I suggested in my letter, that those who stuttered might be cured by changing their dexterity at an early age. I repeat that the only experience I had is the not over-satisfactory case of my own son. I trust that others will adopt this suggestion and that the correctness or the falseness of this explanation of stuttering will be demonstrated.

I rejoice to say that Dr. McCready\* agreed with me in that stuttering is the result of imperfect cell development in the brain and that it is allied to symbol amblyopia.

It should be the purpose of those who correct defects in children to eliminate the defect completely if possible, but if that defect is due to a cell degeneration or cell malformation of the brain, it is questionable whether it will ever be completely corrected; now it is in the highest degree unlikely that exactly the same two centers will be affected on both sides of the brain. It therefore appears to me the most reasonable treatment in all these symbol defects to consider the matter of reversing the "dexterity." At any rate, if I may be allowed to make the suggestion to those whose business it is to handle children of this description in schools, I would say that if the defect cannot be cured it should be altered as far as a correction can alter it, and that then the natural inclination or the bent of such children should be discovered if possible by experimentation, and that bent or inclination cultivated to the limit. These poor children are the very an-

\*Dr. McCready has recently reported a case of word amblyopia combined with stuttering which was cured by reversing dexterity as suggested in my letter. The patient was a young man of twenty who could not learn to recognize words and who stuttered so he could hardly make himself intelligible. He was finally able to read and speak fluently.



tithesis of genius, which may be said to be an exaltation of one or more faculties at the expense of the others. But these children have, as a rule, a diminution of one faculty with normality or exaggeration in others. Nevertheless, if it can be discovered in these children that they have a peculiar bent or inclination it should be cultivated to the highest degree.

### Conclusions.

1. There is an incomplete word-blindness which is congenital and which should be called word amblyopia.

2. There is doubtless an incomplete congenital figure-blindness which may be called figure amblyopia. This may be the basis of the inability of some children to learn mathematics as easily as their general intelligence would lead one to expect.

3. These two forms of amblyopia may be called symbol amblyopia.

4. There is an incomplete congenital word-deafness which should be called amblykusic to parallel the term amblyopia.

5. There is doubtless an incomplete congenital musical note deafness which may be the basis of the inability of some people to remember and appreciate musical notes; this should be called music amblykusic, or amblymusia.

6. When cases of these kinds are met in the schools they should be carefully differentiated, properly grouped and instructed.

7. The basis of instruction should be repetition, coupled with patience.

8. It is reasonable to teach such children to become left-handed, in order that the speech, symbol and sound centers on the right side of the brain may be cultivated to the exclusion of those on the left, or as supplemental to the defects on the left.

9. The last suggestion is applicable to cases of stuttering and stammering.



### III.

## GENESIS OF HYSTERICAL STATES IN CHILDHOOD, AND THEIR RELATION TO FEARS AND OBSESSIONS.

By TOM A. WILLIAMS, M.B., C.M., (Edin.)

Memb. Corresp. Soc. de Neurol. de Paris and Memb. Corresp. Soc.  
de Psychol. de Paris, etc., Neurologist to Epiphany  
Free Dispensary.

Washington, D. C.

### Definitions—

In the past, the term hysteria has been with reprehensible looseness applied to almost any excitable, nervous state or show of emotion. The **depressed** and inactive states have been called neurasthenia, while the term nervous break-down is still more vague. We have nothing to do with such imprecise classification; so let it be clear from the beginning that by hysteria we shall only mean "those symptoms susceptible of production by suggestion and of removal by suggestion-persuasion."<sup>1</sup> That is to say that hysteria is purely a product of an idea. Its mechanism is a psychological one; and it is to mental agents that we must look in order to influence it.

### Neurasthenia—

You may justly ask then in what neurasthenia<sup>2</sup> differs from this; and still more cogently the question may be put of psychasthenia. The former, **when real**, has nothing to do with suggestion and is not even an affair of the psyche, it is a mere exhaustion of the nervous system due to bodily conditions, generally toxic or reflex; and its cure is a question of physio-pathology and is a strictly medical problem.

### Psychasthenia—

Psychasthenia is the term given by the medical psychologist Janet<sup>2</sup> to a mental state which is characterized (1) by a **feeling** of inadequacy, without however, the real incapacity of the truly fatigued. (2) A tendency to unreasoning fear or horror of any thing or everything. (3) A sentiment of strangeness or unreality of self or surroundings.<sup>3</sup>

These morbid feelings lead to intellectual ruminations, doubts and besetments, often of so irrational a nature that they cause moral distress. Hence, a vicious circle, an unpleasant "feeling-state" causing distressing ideas, which in



turn aggravate the unpleasantness of the feelings. For example: It is from a general feeling of anxiety that is derived the notion that one may have placed in the wrong envelope two important letters, or that one may have added wrongly a column of important figures, or that an injustice to some one has been done by us. Although the patient is reasonably sure that the incident has not happened, yet he cannot dismiss the notion, which besets him and works him up to a state of distress, sometimes so violent as to be mistaken for an attack of hysteria or even insanity. When the intellectual element predominates, we call this state an *obsession*; when the emotional factor is most evident it is called a *phobia*, that is a morbid fear.

Now, these obsessions and phobias do not arise from suggestion; they arise, it is believed, from a physiological error in the working of the mechanism which determines the emotions. Of its exact nature, we are at present ignorant, though many believe that the internal secretions play an important role, for we find strictly comparable states resulting from known perturbations of the thyroid and of the adrenal glands, the most important fabricants of internal secretions. Moreover, the remarkable exacerbations of psychasthenic symptoms at puberty, during menstruation and at the menopause lead us to believe that the generative glands participate in the regulation of psychic functions, very likely by means of internal secretions.

A great many of these patients are labelled hystericals; and indeed it sometimes requires an expert to diagnose whether or not a patient's obsession or fear has arisen from a morbid idea or notion, or whether it is merely the obsession of general emotionalism and hence quite unamenable to psychotherapeusis of suggestion or persuasion.<sup>4</sup>

By this I do not mean that mental therapy is useless, for it is of the greatest service in teaching the patient to bear his state without the natural undue alarm to which his feelings conduce until their significance is realized. For instance, it is very common for such patients to believe that their feelings are unique, that they presage some terrible physical malady, or that they are the harbingers of insanity. The idea of this does not mitigate their sufferings, but when they realize their true status, they are generally able to bear their ills. The practical difficulty is that they have usually met so much unconsidered optimism stalking in authoritative guise that they find it difficult at first not to believe that they are being soothed by medical mendacity, so often has this been imposed for what is imagined their welfare in pur-



suance of the short-sighted policy of an immediate anodyne at all costs.<sup>5</sup>

### Cases of Hysterical Obsessions. Phobia—

Very different is the psychological mechanism of the **hysterical obsession**. It is typified by the following cases: After an attack of influenza, a woman returning in a crowded car from a shopping expedition, began to feel much oppressed and in want of air. The heart, enfeebled by the influenza poison, and we know not what others taken as medicaments and aliments, ceased to respond to the call upon it for a more rapid flow of blood so that the aeration could be sufficient; and a faint ensued, with the psychic accompaniments of irresistible terror and dread of dissolution. Never since has this woman been able to bring herself to go alone into a car; the very idea of doing so induces the fear of fainting. She is not obsessed by the idea so long as the question of entering a car does not arise; but although she knows her conduct to be unreasonable, she cannot bring herself to act reasonably about going alone into a car.

Another case<sup>6</sup> is that of a clergyman who once lost his voice from laryngitis while in the pulpit preaching to a large congregation. Although the laryngitis recovered, he continued to lose his voice whenever he attempted to preach from the pulpit before a congregation. He could rehearse his sermons from the same pulpit without difficulty when the church was empty. Nor had he any difficulty with his voice when there was someone on whom he could call to preach for him if he should fail. But on such occasions he never did fail. The ordinary incident of having to preach was the creator of the extraordinary dread of failure which he used to feel.

### Their Discussion—

In both these cases, it is a suggested idea which determines an emotion too powerful to permit of rational conduct. Experience shows physicians enlightened in psychopathology that the emotions cannot be mitigated until their causal idea is removed.<sup>7</sup>

The method of solicitude and sympathy merely reinforces the patient's belief in the validity of the idea for which sympathy is an implicit acquiescence. Still more injurious is direct medical treatment of the apparent physical disorder which results from ideas. For instance, a hysterical monoplegia (i. e. a paralysis of one limb induced by the patient's belief that it is disabled,) should not be treated by the



application of electricity or massage to that limb nor by the giving of an internal remedy which the patient is led to suppose is capable of removing such conditions. It is very bad practice, too, to pretend to perform an operation upon a patient who believes that she is inhabited by a lizard she has swallowed.<sup>8</sup> Sometimes, it is true, a symptom disappears through the suggestion involved in such procedures; but it does so in a small proportion of cases only, is a pure chance, and does not touch the cause; while by ascertaining and removing the root, we can generally cure permanently, as regards the present symptoms at least.

### **Method of Cure—**

An illustration of the method is afforded by one of my cases of traumatic neurosis;<sup>9</sup> for this condition is merely the expression of an induced fixed-idea of a disability which is recovered from as soon as the pathogenic idea is disposed of.

After bruising his back by a fall from a car, a railroad brakeman remained for six months very lame, and the sensibility of the lower limbs appeared to be lost. His tint had become sallow; and he was dyspeptic and emaciated; he was sleepless, sad and cried much. The neurological examination reported with the case (Medical Record, Oct. 2, 1909) showed that there was no destruction of the nerve elements. The disability was shown by psycho-analysis to be a function of the false, fixed-idea, induced by the belief derived from his environment, that such symptoms as he showed could and should follow such injuries as he had had. One sitting sufficed to begin the correction of this false notion; and he himself completed the persuasion and was able to return to work in a month as I had predicted.

### **In Children, a Case—**

Now, the suggestibility of children is much more labile than that of such cases as I have cited; for while they are very susceptible to suggestions, they do not usually hold them tenaciously, and are easily diverted from their loosely fixed ideas when morbid. For instance, it is perhaps unique for a girl so young as eleven to believe that she is utterly unable to eat, and to do so strongly enough and long enough to overcome the instinct of hunger to such an extent that she had to be removed for treatment to the hospital, where in the Salle Pinel of the Salpêtrière, Professor Déjérine built up her emaciated body by generous feeding, and at the same time undid the false notion she had acquired from her elder sister



who had been a patient in the same place. Now, this form of gastropathy from a false fixed-idea is common enough in pubescent girls.<sup>10</sup> The origin of the idea is closely associated with the false shame of nubility, which is largely a product of the suggestions of prudery. The medico-sociological import of false shame is now being realized, I am glad to say, by enlightened educators, and it is high time. The obsession-not-to-eat is only one of its numerous forms, but the principle of induction is the same in each, so I need not enlarge.

A much commoner type of hysteria in childhood is the imitative grimace and trick of manner, which a child is suggested to sometimes do almost unconsciously. Thus, a choreic child may infect, with one or other of his movements, half the children in the school-room, and in some of the cases, these movements may persist for a considerable time, and may even lead a doctor unskilled in neurological signs to believe that a child has the organic disease known as Sydenham's chorea. Now-a-days we have a clear understanding of the differential between a morbid movement arising from a perturbed nervous system and that type of morbid movement which is a function merely of idea.<sup>11</sup> The latter we term psychogenic.

I have chosen two conspicuous types to illustrate the genesis of hysterical ideas in order to illustrate the mechanism strikingly, but far commoner are the eventualities exhibited every day in the nursery and school-room. What is more familiar than the constant suggestions to a boy that he should not cry when hurt, and that he should fight with his fists when attacked? That this is not innate, is shown by the repugnance of the Teutonic peoples to fistic encounters. Because it was not realized that the distaste for fistic encounters was not a mark of cowardice but arose purely from a social suggestion of its unseemliness, the Boers, before the war with the British, were supposed to be cowards. A boy having this repugnance to personal encounter might very quickly become obsessed by the fear of its need if sent into an environment where fighting was often required.

### **Phobia of Hysterical Origin—**

We must now pass to consideration of induced morbid fears in children. They are, alas! very common. I need not enlarge upon the familiar fear of the dark too often induced by nursemaids' tales of boogies and ghosts. The fear of the policeman is inconsiderately used by the mothers of the poor who are too lazy, or ignorant, or tired, to understand or control their children. No morbid *affect* usually proceeds from



these, because the idea is not often implanted with enough insistence or dramatic power, but when the impression is powerful, or when the child is unduly susceptible, a suggestion fear-psychosis is established with great facility.

### **Implicit Suggestions—**

It must be remembered that explicit utterance is not essential for the conveyance of ideas, for in the child a vague general notion is quite as effective for producing emotion as is a clear cut concept. Thus in Henry James' novel, "What Maisie Knew," the whole suggestion conveyed by the governess to her two charges was implicit in her general attitude; for until the end, there was not one explicit statement of her fear. Now, the explanation of this is very simple: it depends upon the fact that gesture precedes speech as a vehicle of thought. The infant comprehends the varying attitudes and vocal tones of its mother long before it can distinguish different words, and in most people this channel of information remains an important mode by which they are influenced, often quite unconsciously. Those of us who have studied the psychology of crowds are well aware of this, as likewise are the observers who compare nation with nation as regards gestural expression. Even adults of the same race, except the more cultivated, are swayed by a comedian much more through his gestures and intonation than by his actual utterance. So with an orator or debater or indeed anyone who tries to persuade us, even to purchase something from them, our foolish minds are guided by the stress of an intonation, the cut of the hair, the character of the clothing, the glance of the eye, far more than by the arguments used or the words uttered; and with children this is far more so.<sup>12</sup>

### **Their Mechanism—**

If I say to a small boy that a bear will eat him up, the effect upon his emotions entirely differs whether I make the remark with portentous gravity and horror, or whether I say it with bubbling jovialty as evidently a huge joke. In the first eventuality the boy will rush to my side in terror and try to be saved from the bear, and a phobia is in course of construction; with the latter procedure, the boy will laugh consumedly, and it would not take much to make him enter the cage and strike the bear. But even when terrified, a child feels a refuge in the protection of his elders during the day, when they are rarely absent. At night, however, the child is alone, and his little consciousness cannot find the easy support of others. Before the kaleidoscope of his dreams pass



the various images and accompanying emotions of his waking life; so that if any of these images has become linked with terror, it is certain to bring with it fear as it surges into dream in the night, and the child jumps up awakened in panic, finding no one near him upon whom to lean.

### **Night Terrors—**

It should not be difficult to see that these night terrors are the product of a suggestion while awake, implicit or explicit; and, it should not be difficult for those who are forewarned to prevent morbid fears of this type.<sup>13</sup> I may cite the case of a Southern lady who could never enter a dark place without feeling an indescribable horror. No hereditary psychopathy could be invoked to explain her dread, for none of her three daughters had the least fear of the dark, and indeed they used to be sent by their school-fellows into dark and eerie places without experiencing the least trepidation. The difference was that as children they were protected by their mother from the tales of the plantation negroes, who knew that dismissal would follow transgression of the prohibition.

### **Their Prevention. An Example—**

The formation of a night-terror was nipped in the bud in the case of my own boy, then aged three and three-quarters. I shall try to explain the method.

For several weeks he had been visiting the zoological garden every afternoon in the company of a French maid of exceptionally forceful character and apparently free from the superstitiousness of the average nurse. For a long time all went well, until one evening the boy began to cry in bed soon after he was left for the night. At this unusual occurrence I mounted the stairs and enquired the cause of the boy's trouble. He said there were lions in the house and that he did not want to stay there alone, as he was afraid they would eat him. The source of the idea had been that the lions had roared more loudly than usual on that particular afternoon, and he had been much impressed, standing for sometime quite motionless before the cage though unterrified.

I soon convinced the boy that the lions had to remain in their cages and could not get out, hence there were none in the house, so that there was no occasion for fear. Of course, it was first necessary to give him the feeling of security gained by embracing me and secondly to begin the conversation by talking of something else: I have forgotten what. In this way the state of terror was dismissed and the feel-



ing of protection was induced before we returned to the subject of the lions. Then we made rather a joke of the funny roaring of the lions before we had finished; and he finally lay down with the solemn purpose to go to sleep and think, as suggested, of the tramcars and motors passing outside his open window. It was all a very simple substitution; but it was the prevention of what might have become a serious fear-psychosis if injudiciously handled.

A fertile source of hysterical states, of obsessions and phobias and of "anxiety neurosis," as he has termed it, is attributed by Freud of Vienna to sexual insults occurring in early childhood. Against the universality with which some of Freud's too ardent followers in America ascribe this cause to every psychoneurotic condition, I desire to invoke a skeptical attitude until such time as the geneses of psychoneuroses in children have been more widely investigated by judicially-minded observers who are not wedded to an exclusive theory. It is to paediatrists and psychologically trained educators of the abnormal child that we must perhaps look for a large part of the data needed to decide which are the more common mechanisms concerned.

From the cases I have cited and their discussion, I hope I have made clear one of the aspects of hysteria, and that you will comprehend the role of ideas induced by suggestion as producers of hysterical obsessions and phobias. The thoughtful hearer, too, will deduce from our facts the means of prevention and cure of such induced suggestion psychoses as we have discussed. He will further perceive the importance of these psychological mechanisms as factors in the production of many a case of what is believed to be an abnormal child, and a knowledge of the principles we have discussed may enable him to displace that child from one of the categories of abnormality as laid down by Grossmann, Decroley and others, and to replace what seemed morbid among what is normally useful and happy, so that the little one may cease to be numbered among "exceptional children."

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#### IV.

### THE DIFFERENCES BETWEEN ANATOMIC, PHYSIOLOGICAL, PSYCHOLOGICAL AND CHRONOLOGICAL AGE AS CAUSES OF DERAILEMENT.

By C. WARD CRAMPTON, M.D.,

Director of Physical Training, Board of Education,

New York City.

We are about to begin a complete readjustment in our methods of caring for the child in medical, social and scholastic ways. We are unconsciously beginning this revolution by assuming a critical attitude toward our general practice of classifying all children on a basis of chronological age—the number of years which they have lived. The readjustment when complete will provide a new basis for record, investigation and treatment of all kinds, and this basis will be the physiological or psychological age.

Definitions: Physiological age refers to the stage of development which the child has reached, in contradistinction to the chronological age, which merely states the number of years which it has lived.

The term anatomic age is not in practice to be distinguished from physiological age, in fact, the drawing of any such distinction is merely a quibble. We may, it is true, assign a child to a certain group which corresponds to the first appearance of a new structure and call it anatomic age. Nevertheless, new structures do not appear without immediately assuming their proper function and the term physiological age seems to cover the ground.

Psychological age, however, refers to the status of the development of the mind and we have ample justification in assigning this term to psychological developmental groups, based upon the appearance of a new mental function, such as the appearance of a desire to play team games instead of individual games, or to remember things by association rather than by rote.

#### **Developmental Periods:**

Intra-uterine growth is extremely rapid, after birth it is followed by a rapidly decreasing rate of growth and development, until at the age of two or three the child begins to grow at a slowly increasing rate until a plateau of almost no



growth and development is reached at about the chronological age of seven or eight. The static condition is maintained until there has commenced the great pubertal age. At this time, the most important epoch of adult life, second only in significance to the event of birth, the child commences a period which can only be likened to an explosion of growth and development. He begins to grow tall with great rapidity, weight is added pound by pound, and with the increased bulk comes a rapid addition to the muscle, strength and motor ability. This age is most prone to begin during the warm months of the summer, and when it does occur, a single month may add an inch in height, twenty pounds in weight and double the muscle force. After a variable length of time, a year, or a year and a half, the increase in height, weight and strength gradually return to a slower rate and the body and mind proceed with a stage of ripening which we call adolescence.

Referring to the whole progress from birth to maturity, we can catalogue the appearance of each new added structure, function and mental ability, the whole forming a complete series from start to finish. Nor need we end our catalogue with maturity, for even on this high plateau appear new physical features and mental traits which determine important epochs in human life; even after this the downward slope of existence shows salient points such as menopause, canities and tissue hardening which mark physiological stages of exceeding definiteness and importance.

In this catalogue of events physiological and mental growth do not proceed in an orderly fashion year by year. Some may be hurried, others retarded. Individuals rush past others for a time and then lag behind. Whole nations seem to develop rapidly up to a certain point and then fall back behind others of steadier growth.

We cannot tell from the number of years which the individual has lived what stage of development he may be in. The calendar and the chronological age based upon it do not give us trustworthy information; and strange to contemplate, the general error of science, medicine and education is a blind adherence to a chronological age.

### **Education:**

There are two courses of study which the growing child must pursue, one of which is demanded by nature, the other by the school. The school cares for its own while nature's work is left to instinct and accident. Civilization demands reading, writing, arithmetic for its own main-



tenance and progress. Its business must be lubricated by the oil of this knowledge without which its processes would be impossible. Civilization provides schoolmasters to do the work of teaching and has rested content while the school master has made progress largely in his own sphere.

Nature's course of study is as old as the shape of the bones and the form of the hand. It prepared for life while it insured the process of living. It adapted function to structure and structure to function—it made a man fit to live, to beget his kind, and transmit his prowess to generations uncounted. The schoolmaster was instinct, the experience of successful ancestors, and as the bodies developed, the schoolmasters became many and changed, teaching for a while, departing when their work was done, and when experience and knowledge took their place.

The masters of the schools of to-day are prone to forget that in the procession of "nature's schoolmasters" the instincts are far more potent than the exigencies of man-made requirements of the civilized group. On the whole the gradual ripening of the child from birth to maturity has been recognized, and courses of study have been adapted to the average development of successive ages.

The particular periods when instincts appear have (in small part) been noted, and appropriate instruction has in the main been provided, but the great failure of education to-day is its inability to recognize the fact (where it is absolutely essential that it should) that children differ in rapidity of development. Its maladjustments are particularly evident and distressing at or about the time of puberty. The change from an asexual to a sexual life may occur at any age from six to twenty years, usually between 12 and 15, but when it does occur the changes are profound. In the short space of six months the child becomes a man or a woman and the process is fraught with the dangers and turmoil of a new birth. There is an outburst of physical growth, four to five inches are added to height, 30 to 40 pounds to weight, and strength may be doubled in a short space of time. New mental abilities appear while others disappear, the type of play changes, new companions are sought, new likings, tendencies, enthusiasms and emotions make up the whole life. Old landmarks fade and new ones are eagerly sought.

The sexual ripening determines an entirely new outlook upon life, the earning instinct looms large in the boy and the home making instinct in the girl.

The important fact that is constantly disregarded is the fact that the pubertal change leaves the child a wholly dif-



ferent being—different mentally, physically, morally and ethically from the children in the stage just left behind.

This disregard results in the endeavor to teach classes that are composed of children of both pre-pubertal and the post-pubertal stages, the immature and the mature.

Sitting along side of each other, receiving the same teaching, subject to the same regulations and discipline, are children three or more years past puberty and others three or more years lacking before the change will occur. The result is a chaos. No one course of study can be fitted to their disparate needs and no one form of discipline can be enforced with each group with equal success.

This condition obtains in the whole of the grammar department of the elementary school and in the first year of the high school. It is particularly troublesome near the point of articulation of the two schools.

The elementary school commences theoretically at or about the age of six when the child is able to go to and from school and has become a burden at home, which the head of the home, the mother can shift to the shoulders of the public. The community on its part is glad to assume the burden for it must commence at the earliest possible moment to fit the child for citizenship. This lower school has for its opportunity the seven years immediately preceding, or rather it has the years up to the time when the child reaches its pubertal age. This is between the age (on an average) of 13 or 14; hence, allowing for slow progress there will be about seven years for the elementary school. From ages of experiment it has been found that the child will not study in school after this epoch has been reached unless undue compulsion has been used. The elementary school is naturally self-limited by the advent of puberty. Recently however the needs of education have been multiplied and another year has been added to the elementary school, with the intent that more may be taught. The post-pubescent child is often kept in the elementary school by force of will and authority, and what is worse, he is subjected to the same treatment as the immature child.

Much of the teaching in the elementary school is based upon authority. The best teacher is often the one who can nag most successfully. The best pupil is the one who is most easily nagged and the one who would rather study his lessons than battle against odds with the school authority, in which he is handicapped beyond all chance of success. With this choice of rebellion or docility the post-pubescent boy most often chooses according to his newly ripened instincts



of manliness and becomes a school rebel and truant. Nothing could be worse for the child, the school or society, for truancy is often the first term in a series of rebellions against organized authority, the last term of which is that of the penitentiary.

The mature boy is bound down to lessons in which he has no interest. His enthusiasms are those which are related to his suddenly increased mental and physical powers; these must receive an outlet, if they cannot in school they assuredly will out of doors. He is bound down to a dull routine of school failure at a time when he is beginning life anew and success is the most essential thing in life, while failure is the most damaging. His immature brother may be four years older than he, is not worried or bothered with new abilities and fits into the school routine which is frankly fitted to him. It is absurd to submit these two wholly different classes of individuals with entirely different developmental epochs to the same routine discipline, administration and course of study.

It is clear that under the circumstances both the immature and the mature will suffer from being placed together in one class room, and it is equally clear that the group to which the course of study is better adapted will suffer least.

While premises are granted, and they seem indisputable, the working out of this separation becomes the first immediate duty. Frequently this is in most cases very simple and will moreover entail absolutely no expense. Where there are two or more classes in a scholastic grade it is easy to determine by examination which are mature and which are immature and they can be readily placed in separate classes. Where there are many classes of a grade we can have a definitely graded series of maturity and immaturity from a class of the most mature down to the class of the most immature. It will be strange indeed if our educational administration, once alive to the advantages of this plan, does not adopt it forthwith. Education will become rational, based upon what children are rather than what they are theoretically supposed to be.

### **Child Labor:**

During the last twenty years there has been an organized movement toward the enactment of child labor laws, and no legislation has been on the whole more beneficial to the child and the community at large. It has in the main protected the child from the strains of labor and conserved the



health of the workers of this generation and has saved the lives of countless children.

These laws are, however, faulty and irrational, for they are based upon a chronological age. Immature children of fourteen are allowed to work, even though they will not become mature for two or three years afterward. Mature children under fourteen are not allowed to work even though they are strong young men and women who have passed the stage of puberty years before and are well ripened for the strains of life. This is manifestly absurd. The only rational procedure is to place the question of allowing children to labor or not upon the results of a physical examination to determine their maturity or immaturity. The signs of puberty, pubescence in the male and menstruation in the female or if feasible, pubescence in both, may be easier of determination, and moreover, be a proper criterion.

Rotch, of Boston, has placed before the public recommendations to the effect that the appearance of ossification centers in the wrist should be used for this purpose. While this criterion would be important if it were true, it is unfortunately not true. Up to the present time, in several bulletins issued by Dr. Rotch, there is unfortunately not a shred of evidence that the development of the bones of the wrist have related to them in any way any physical or mental ability of any kind, and not until this evidence has been presented can we in any way give attention or credence to the claims of this method.

Unfortunately also Dr. Rotch's developmental processes which cover about the stage of the appearance of puberty, and labeled H, I, J and K, differ from each other only in the fact that they are the same as the previous stage, "only more so;" that is to say, stage J differs from stage K only in the fact that the bones are slightly more developed and more massed together. Unfortunately this is a matter of opinion that is not objective enough for scientific or practical purposes. Unfortunately also there is no particular reason why the bones of the wrist should be given preference to the bones of the ankle or any other convenient part of the body. This is particularly distressing for we have found that ossification does not proceed regularly throughout the body. There is even a difference between the right and left wrist, and if we were to follow Dr. Rotch's ideas we may be forced to put the left hand at work and to keep the right hand idle.



## V.

### HEREDITARY AND CONGENITAL CAUSES OF EXCEPTIONAL DEVELOPMENT.

By E. LIVINGSTON HUNT, M.D.

New York, N. Y.

In the brief twenty minutes allotted to me, I can, at best, only refer in a general way to some of the most important causes, which tend to produce the exceptional child; those, which are of minor importance I shall simply mention. I shall try to make the little I have to say neither too dry nor too scientific and at the same time hope to interest you.

The causes which affect development, the factors which make posterity abnormal and unusual are largely those introduced and brought about by man. They result from the diseases which he has contracted through centuries, the poisons which he has imbibed; and the artificial surroundings and foreign environment which he has built up for himself. Nature does play some part in the development of exceptional individuals. It is, however, only in the direction of her usual course and in the execution of certain of her laws that she is inexorable. Nature is doing more than this. She is ever striving to bring about the normal. While man is daily surrounding himself more and more with abnormal and unusual aids and an environment, which he calls higher civilization, Nature is constantly tending to revert to the normal. Whenever through the operation of certain factors there is produced a genius, at once there is a strong effort on the part of nature to revert to the normal. The next generation is of ordinary ability. The son of a genius is not a genius; the great man rarely leaves behind him a great son. Again, when elements of great degeneracy appear through the operation of certain other factors, nature soon renders succeeding generations sterile. If we take a large and comprehensive view of several generations we always find that the majority of both ancestors and progeny tend to a mean level, to a certain grade, characteristic of that family or tribe.

Of the causes which bear on the subject the most important is defective heredity; tuberculosis and alcoholism are next; then follows a host of smaller ones. A great many act in conjunction; a great many are contributory and indirect factors. Each one tends to lower the vitality of the organism; each one paves the way for its fellow.

The one which I wish to consider the first is also the one



which all authorities are agreed upon as being the most important.

**A defect in the ancestry**, a pathological condition in the preceding generations is the most frequent, the most important, and the most constant cause of defective mentality in the next and succeeding generations.

This ancestral taint most frequently takes the form of a disease of the nervous system. It may be a cerebral hemorrhage, a neurosis, or a paralysis; it most frequently is insanity, imbecility, idiocy, dementia or epilepsy. The statistics which have been collected on this subject show great unanimity. In Norway it was found that in the cases of those who were sufferers from defective mentality the ancestry showed a defective heredity of 50 per cent.; in Switzerland 55 per cent.; in Germany 60 per cent.; in England and here in America the percentage was a little below this, being about 43 per cent. These figures are all, however, sufficiently near together to show that so far as statistics prove anything there is a general consensus of opinion in regard to the importance of morbid heredity as a cause. It is fair to say that it is the cause in one half of the cases; I am inclined to think that this is a conservative estimate, as I should put the figures much nearer two-thirds.

Of all the causes of a morbid heredity two stand out pre-eminent—idiocy and insanity. The one a mental defect, the other a mental disease. Each tends to transmit a most lasting and a most blasting heritage. Each attacks the entire structure, poisoning alike the mental, the moral, and the physical. Each enfeebles the judgment, each exaggerates the sexual impulse. Each tends to unite with any other latent neurosis. And finally each tends to appear for many years. There are probably no human characteristics so baneful and so readily transmissible as idiocy, imbecility and insanity.

It seems strange that I should have to give so prominent and so pointed a place to imbecility as a cause of propagating itself, and yet it is unfortunately too true. There is no greater stigma on the human race, no greater disgrace to civilization and to twentieth century advance than the simple statement that imbecility and idiocy are the causes of further imbecility, of idiocy, and of profound degeneracy in a larger number of cases. Koch gives it as the etiological factor in 24 per cent. of the cases.

Imbecility, idiocy and insanity are not to be considered as the sole hereditary factors. The mere tendency to these conditions, the mere presence of a distinct neuropathic diathesis, the mere existence of an unstable equilibrium may suf-



fice as etiological factors. They may outweigh nature's efforts to revert to the normal, and if uncorrected by the infusion of good stable nervous tissue, may conduce to further degeneracy and ultimate ruin. Defective environment will here assume an important role; it may overcome the ever constant pull to the normal. Modern life, modern poisons, coupled with disease and the unequal struggle for existence, will aid in this destructive work. Finally there will appear the lowest order of degeneracy. Then will nature have recourse to her final safeguard. Sterility will follow and the house become extinct.

Another hereditary factor is epilepsy. There are few diseases which exercise a more baneful effect on posterity. A heritage of epilepsy is most easy to transmit; it is most difficult to eradicate; it may remain latent and skip a generation, but it always leaves its impression; it may reappear as epilepsy or it may bequeath to the next generation a neurosis, a tendency to alcoholism or a more definite stigma of degeneracy. The child of the epileptic is almost sure to present exceptional characteristics. Therefore epilepsy should be regarded as being a prominent factor in the production of the exceptional child.

Of the diseases which tend to produce exceptional children the tubercular are the most important. No disease does more to lower the tone and to lessen the physical forces than phthisis—the white plague. The peculiar condition of malnutrition which the tubercular diathesis produces seems to do more than almost any other factor to bring about an imperfect development of the nervous centres. It seems to transmit with greater ease than any other defective nervous tissue. Ireland says that perhaps two-thirds of all idiots are of the scrofulous constitution. I think that the men who take care of the deficient and feeble-minded will tell you that the most common condition which they have to treat is the tubercular. Again is phthisis very important from an etiological point of view because it is peculiarly liable to co-operate with any latent neurosis of heredity or to emphasize any existing neurotic taint. Either alone or in conjunction with a neurotic diathesis phthisis is to be dreaded. It is a potent cause of bringing about children of exceptional development.

Dr. Hrdlicka made an analysis from the records at the State Asylum at Syracuse. He found that among the parents of the feeble-minded of whom he could get fairly reliable records, that 20.2 per cent. of the male, and 33.7 per cent. of the female inmates succumbed to consumption. This is an



enormous percentage, and is probably twice as high as any other statistics on this question. I merely mention it because it will fix in your mind the great importance of the tubercular diathesis as a factor.

Cancer, goitre, and diseases of the cardio-vascular system have all been given a place by writers on the subject. They do weaken the body structures; they must tend to bring into the world tissue that is far from normal.

I approach the question of intermarriage with some trepidation. There is no question, however, that is more interesting and certainly none of more practical importance.

Many writers have maintained in the past and many to-day maintain that a marriage between first cousins will promote degeneracy and bring into the world hereditary defectives.

Esquirol says that the number of French nobles who, as a result of intermarriage, are defectives is very large. Members of the laity frequently cite the royal families of Europe as affording proof that intermarriages tend to produce abnormal and deficient offspring. The members of some of the Spanish and Austrian houses have intermarried to a large extent; and a review of the different branches of these families shows a large percentage of degenerates. Bemiss reported 833 consanguineous marriages; these were all carefully followed, and exhaustively studied. The degree of relationship was of every possible kind, even involving father and child. From these 833 marriages there sprung almost 4,000 children. Of this number there were over 1,000 defectives.

Now let us look at the other side. Batz is an isolated, ocean-washed peninsula of the Loire containing about 3,000 inhabitants. They are neither intemperate nor criminal. They lead simple lives. They are well known for their tendency to intermarry. Voisin reported 46 consanguineous marriages in this commune of Batz, yet he could not find a single instance of either insanity, idiocy or deaf-mutism. Degeneracy among these people is unknown.

It is well known that among the North American Indians intermarriage is not the exception but the rule. Mr. Bonsall, who was on the last Kane expedition, says that the Eskimos of North Greenland for centuries have intermarried. The same state of affairs is true concerning the South Sea Islanders and many other savage tribes. Yet it is a well known fact that among these tribes instances of exceptional and unusual development are rare.

Frederick the Great, together with his remarkable broth-



ers and sisters, was the offspring of first cousins. The great Queen Isabella came from strongly inbred ancestry.

I might go on in this way for some time quoting instances on both sides, proving little and only wearying you. The gist of the whole matter lies undoubtedly in the fact as to whether the families in whom the intermarrying occurs have good or bad heredity. In the cases of the royal families it should always be clearly before us that for generation after generation there have been imbeciles and degenerates. On the other hand, in the savage tribes the stock has been good, clean and strong.

I believe that the consensus of opinion today is that the consanguineous marriage is not in itself a cause of exceptional development; it may become so, but only when the two contracting parties are descendants of defective stock. The consanguineous marriage serves to accentuate the family characteristic, be that characteristic good or bad. If the family trait is weakmindedness the next generation will, as a result of the intermarriage, be more degenerate still; if, on the other hand, the family trait is mental strength, the next generation will be fully up to that standard, if not above it.

Langdon Down says that he is "by no means sure that by a judicious selection of cousins the race might not be improved." I agree in this. I see no possible objection to the intermarriage of cousins so long as there is no defective heredity in the ancestry; if there is defective heredity I see the greatest possible objection.

The literature and the facts which have been collected on the subject of **alcoholism** as a factor in the production of the exceptional child are full of interest. What, for instance, can be more so than the statement made by Dr. Elam in "A Physician's Problem." He says that on the removal of the spirit duty in Norway insanity increased 50 per cent. and congenital idiocy 150 per cent. Dahl spoke much in the same strain of the conditions there. Forty years have elapsed since then and we know that in that time there has been an enormous decrease in drunkenness both in Norway and in the entire world. Yet there is no apparent decrease in the number of idiots.

And again this: It is the custom in parts of Scotland for entire villages to become intoxicated at certain times of the year, as, for example, during the holiday season. The celebration of this season covers several days. We might then expect that the children born nine months later would be largely imbecile. No one, however, has ever observed this. This is true also where the custom for drinking takes place



in entire communities at certain periods of the year, yet the succeeding children who are born nine months later in no way differ from those born in that community at other times and under more normal conditions.

It is, of course, practically impossible to get data which will throw any light on the subject of whether drunkenness at the time of conception in either parent, has any effect on the unborn child; it seems to me that such as I have just narrated would be of some value in helping us to reach a conclusion. It ought to be especially so in the cases of some of the fishing villages, where the men are away for long periods and then return to vend their wares and spend their money. In none of these instances, I repeat, are the resulting children in any way different from their brothers and sisters. In this sense alcohol has, to my way of thinking, but little effect. I mean that the isolated debauch occurring at the time of conception can have little if any effect on the next generation. Langdon Down has laid much stress on this subject. He takes the opposite view and states that from personal enquiry he knows that the drunken condition of the father at the time of conception is a potent cause of idiocy.

Dahl thinks that brandy taken by the fathers at the time of conception is a potent cause of idiocy.

Ireland does not embrace nearly so radical a view on the subject.

In weighing this question it should always be borne in mind that the man who goes on a periodic debauch is apt to be the man who has a neurotic taint and who as he gets older, will, in all probability, increase both the frequency and the periodicity of his indulgences. To my way of thinking it is not possible to prove that a normal man, who becomes intoxicated at the time of conception of his child, is acting as a direct factor in the production of an exceptional child.

When, however, we come to consider alcohol in its broader sense as a factor in the production of unusual and atypical children we have a very different matter. There can be no doubt, it seems to me, that the succeeding generations of alcoholic parents are weakened physically, morally, and mentally.

Alcohol weakens the resisting powers of the different cells of the body; it forms an hereditary neurosis; it destroys the healthy tissues; it prepares the way for the unusual, for weakened, and for degenerate conditions. It does more than this; it conveys its baneful effects to the next generation and sometimes to the third and even the fourth. It is often the



direct cause of epilepsy, migraine, and conditions of great depression.

Alcohol is a potent cause; it acts both directly and indirectly. Given a mild neurosis, add alcohol to it and the next generation will develop far more than a neurosis.

It should also be borne in mind that alcoholism is itself often nothing more or less than a symptom, a manifestation of a disordered nervous system, an indication of a neurotic taint. When it occurs in this sense it is, of course, not a direct cause but an indirect one. However, in those instances, and they are many, in which alcoholism occurs in the parents there is going to be a detrimental effect on the children and on the grandchildren; the family is going to be affected by it. The man who drinks to excess is not the man to have children.

Nor do I believe that the marriage of children of alcoholics can do any good to humanity.

**Syphilis** is not a factor of great importance in the causation of exceptional children. There are scarcely any observers who have given it a place of more than two or three percent. There is no doubt but that it does have the effect of lowering the vitality and weakening the powers of the cells. In the instances, however, in which syphilis is found there are frequently other and more drastic causes. One of the main reasons for the low percentage which syphilis occupies as an etiological factor no doubt lies in the fact that nature herself rebels at the prospect of transmitting the syphilitic heredity. She takes her own measures to remedy the impending evil. She produces still-births, and short-lived offspring; oftener she blasts the unfortunates with the curse of sterility and miscarriage. Syphilis is more apt to be an indirect factor; the results not appearing until the third or fourth generation.

It is noteworthy that few if any poisons can show so normal a mentality as do some of the sufferers from syphilis. This is illustrated in some of the unfortunates who have inherited congenital lues.

There are many other poisons which no doubt have a devitalizing effect on the human cell germ. There is neither time nor space here for me to discuss them. I wish to mention one rather important one. It is **lead**. A certain case is cited by Paul, so unusual as to bear repetition. The mother was free from any toxic or abnormal condition; the father was the victim of lead-poisoning. There were 32 pregnancies. Of these, twelve were still-births, and seventeen died under the age of three.



Most authors agree that the relative age of the parents at the time of conception is a factor. Duncan, for instance, was of the opinion that premature and late marriages were influential in the production of idiocy. Langdon Down found that in one quarter of the idiots which he examined there was a disparity of more than ten years in the ages of the parents. I am of the opinion that a man produces better, stronger, and more intellectual posterity before forty rather than after. I believe that this is so because the average city dweller is a better man physically before forty. I believe that a great disparity in years has some slight detrimental effect. These are two causes, however, which do not play any great part in the etiology of the subject.

Finally there are a host of minor factors, all of which play a part in the production of the exceptional child. These are modern life with its late hours, its higher civilization, its greater struggles; poverty, deprivation, and hard work; a high degree of anaemia and great mental exhaustion in the parents. There are certain telluric influences which cause Cretinism, which is really the expression of degenerative factors. I should not omit the mention of intra-uterine conditions, which may result in the atrophy and sclerosis of the foetal brain and so be the cause of an exceptional child. Those instances where a cystic degeneration, a faulty or maldevelopment of the brain occur, are again illustrative as factors of faulty inheritance. They may be oddities of nature, but as such are rare.

The whole matter of the congenital causes of this subject can best be placed under two headings; (1) The abnormal condition of the mother, and (2) The abnormal conditions prevailing at the birth.

I do not believe that the mental condition of the mother during pregnancy is a factor of any importance in producing the exceptional child. A majority of women are very greatly depressed during pregnancy; at some time their condition borders on a melancholia, and a few do actually develop such a condition. If their mental condition were to affect the embryo there would be today before me a room full of melancholiacs.

The question of shock and fright to the pregnant mother is a somewhat different matter. Baron Percy, the famous French military surgeon, states that at the siege of Landau in 1793, 59 of the 92 children born within a few months of mothers exposed to the terrors of the cannonading and blowing up of the arsenal were abnormal. Down states that similar results followed the siege of Lucknow. Mr. Ishii, of



Tokio, tells of an earthquake in Japan the effect of which was to bring into the world a large number of idiotic and imbecile children. These are facts and as such should be given due weight. On the other hand, it should be borne in mind that no similar observations have been made in our own country after either the Surrender of Richmond or the great earthquake at San Francisco.

The question of maternal impressions I am going to leave for others to discuss. I believe it is one of minor importance.

The physical condition of the mother I consider to be one of great moment.

Any wasting disease in the mother is going to have an effect upon the embryo; any chronic or infectious disease is equally bad.

Féré found that by injecting a few drops of an alcoholic extract beneath the shell of the chicken's egg he could produce monstrosities. It is therefore more than probable that the ingestion of any considerable amount of alcohol by the pregnant woman will have a deleterious effect on the foetus.

It is well known that the women who work in the potteries of France, and who are of necessity exposed to lead, are very apt to produce deaf mutes and macrocephalics.

Other influences, which undoubtedly exist and do exert an influence over the embryo, but which are not so well established nor so well recognized, are a profound degree of anaemia, great mental exhaustion, and physical deformities of the mother.

Abnormal conditions prevailing at the time of birth have some influence in producing the exceptional child. Their importance, however, as an etiological factor is, to my mind, overrated. Pressure on the foetal head, if very severe and intense, may cause a permanent injury. The forceps, if used for too long a time or in too severe a manner, may also injure the child, though this is under present-day conditions rarely, if ever, a factor. There are instances where the deformed pelvis and a prolonged labor, both singly or together, may act as a cause in producing the unusual child. Asphyxia at birth may act as a cause; it must, of course, be very prolonged and intense; in this way the blood is not properly aerated and therefore may exert a toxic effect upon the cells of the brain.

I believe that these are all factors but I also believe that they are factors which have been given too important a place in the etiological list; parents greatly prefer to think that their defective children are defective through the fault of



nature and the accoucheur, rather than through the faults of their ancestors and their own shortcomings.

Primogeniture is often spoken of as a factor. I do not believe that the first born child is more apt to be the weak-minded one than the last born. But I do believe that if there is a defective hereditary factor that it will be more apt to appear in the eldest and in the youngest than in the intermediate children. This is probably to be accounted for by the fact that the reproductive powers of the mother in the case of the first born child are not well established; in the last have begun to flag.

The only thing to say about premature birth is that, all things being equal, the seventh month child is more handicapped than the eighth or than the full term child; I mean that if any hereditary taint does exist, the premature child is more apt to succumb to it than the one at full term.



## VI.

# THE INFLUENCE OF EDUCATION AND ENVIRONMENT UPON THE EARLY DEVELOPMENT OF THE EXCEPTIONAL CHILD.

By S. PHILIP GOODHART, M.D.,

Consulting Neurologist to the National Association for the Study and Education of Exceptional Children; Neurological Clinic, Mt. Sinai Hospital, O. D. P.; Visiting Physician to New York Red Cross Hospital, New York.

New York, N. Y.

Among the momentous questions that confront the educator, the sociologist and the scientific medical mind, none is secondary to that which considers the future of the exceptional, the atypical child. The term, used in its most significant and broadest sense, refers to that class of human beings who, by reason of unstable or rather disproportionate mental qualities, do not conform at once to the ordinary, the accepted standard. We must be most emphatic in our differentiation of this class of human beings from those mentally defective, comprising all degrees of mental enfeeblement from the dullard to the idiot and imbecile. The latter class, a host almost lost in their mental decrepitude, is one already, in part at least, provided for by State and private interest. Indeed the question of how far education and environment can affect this array, this evidence of our neglect of Nature's laws, is one with which I shall not deal at present. Whatever opinion one holds as to their worthiness and future, no one can deny that the atypical child, the nervous child, often endowed, as he is, with qualities of genius and of special aptitude in certain directions, is well worth the effort to awaken and preserve for the world, the heritage that lies dormant within.

The value of studying the needs of so-called atypical children will become evident when we consider that among them are found some of the best minds, those that give to the world intellectual, artistic and moral qualities. Exalted intellectual power in the arts has time and again been found in those atypical beings that have begun life under the cloud of early instability and deviation. These children comprise the great mass of the "misunderstood" and many a life has been thus begun, and through ignorance of its needs, doomed to a pitiless drudgery in an atmosphere dark and distasteful. The child loses much, mankind may lose more. These children are often born of neurotic stock and although endowed



with special qualities, are usually deficient in certain practical—what might be said to be elementary features. There is in some a lack of emotional stability, a want of proper self-control, perversions in the exercise of the control of the will. Some are not just ordinary children, often they are extraordinary ones. Rarely are they well poised. Sometimes music, again dramatic power, active imagination, often however, not of the true constructive type, marked mathematical faculties or the reverse, stand pre-eminently forth in a mind lacking in the co-ordinating elements of mental processes. Allow these children to develop in the forced environment of an uncongenial, an unsympathetic atmosphere, and the very sweetness that is ready to lend fragrance to our sad world from the flower that may blossom in its maturity, will turn to acrid vapor in barren soil. To abandon metaphor, we may say that instead of good, useful members of society, if improperly educated and brought up in unsuitable environment, these children develop often the criminal traits that eventually cost themselves and society, the price that ignorance and neglect has so often imposed upon us. In early adult life these children find themselves at variance, out of tune, with their surroundings. They lose the incentive of life work; their mental attitude is at variance with the conditions of life imposed upon them. There is eventually forced out another, an incomplete, a weaker personality, a composite perhaps of elements partly atavistic. That child has been robbed of his best inheritance, by injudicious education and environment. In the soil of just such conditions, lies the seed that may lead to that sepulchre of early mental life, dementia precox.

As illustrative of the results of improper moral training and restraint in early life, I am reminded of the two principals in a tragedy of real life so recently enacted in New York City. Both the assassin and his victim are examples of moral perversion. The surrendered life, possessed of rare artistic genius, but co-mingled with innate moral obliquity, might surely have been spared had the proper education and environment been applied in early life. The deluded youth who sought the victim and who is now, at this late day, alas too late, receiving his lessons in re-education within the walls of the mad house, even more emphatically illustrates the need for a social and pedagogic propaganda along these lines.

The mental qualities of the atypical child must be carefully analyzed; the variations may involve the intellectual capacity alone or, again, the moral faculty may be defective



or entirely absent. As a rule I have observed that the strictly intellectual and the moral defects are co-existent. In these cases, the strictest kind of discipline and moral force can alone redeem these young unfortunates. I have observed during the years of a large experience, in clinics of nervous and mental diseases, here and abroad, that in a certain class of children, some only in a small degree below the average of intelligence, and even in some ways precocious, there appears a want of natural development of the moral sense; these children lack affection, are specially rebellious to correction and show cruel tendencies. While it is true that the moral development of a child is largely a matter of education, these cases, seem lacking in the general groundwork, the inherent basic principles necessary for the normal development of the moral side of man. These children are really moral imbeciles—with them wrong-doing, sometimes committed with what seems diabolical viciousness, is analogous in its initiative to the impulses of the kleptomaniac and of the pyromaniac. In this class, though there be intellectual efficiency, the influence of environment and teaching is small. Other cases are not as extreme—the moral possibilities are present to a degree and, although this class of children presents great difficulties and requires special training, there is still possible the development of a marked degree of self-restraint. Rigid care, by expert teachers and a selected environment, is required to make these children useful members of society. It is just among this class that is found material from which is reared that unfortunate product of erroneous training whose very intellect places him in high position, social, political or financial, but whose moral obliquity may suddenly startle the community; even idols have thus arisen whose shattering ought indeed to awaken us to a realization that intellectual endowment does not insure moral excellence. There is no doubt but that the influence of proper teaching in early life would save many who are permitted to develop moral astigmatism, perhaps of direct or atavistic heritage. Many of these children should be removed from home influences and placed in a specially equipped educational environment, under instructors who understand the requirements of atypical children.

A large percentage of mental cases show indications in early life. Even that chronic form of congenital disease, doubtless an original psychosis, paranoia—that is, chronic delusional insanity, proclaims its coming in the early life of the individual. There are eccentricity and peculiar deviation from the standard of conduct, which are characteristic



of the future mental delusions. Even here, early training, the cultivation of self-restraint in a properly adapted environment, will develop qualities enabling the patient to exercise inhibitory impulses, holding sway over morbid ideation. The atypical child is just the one, in whom, if hereditary predisposition prevails, we see the making of the different forms of mental disease.

It is really only within recent years that the students of mind and pedagogy have begun to appreciate the influences of environment and education upon those delicate years of evolutionary life, the pubescent and adolescent periods. The teacher, parent and the family medical adviser must know of the psychologic and physiologic changes that attend these periods. At these times of transition, the deeply fixed forces of heredity, with the very important modification induced by environment and education, play their strongest roles. These periods from about the tenth to the fourteenth year, and then to about the twenty-second, are years when great changes are being wrought in the economy. As Doctor Meyer has ably put it: "Fatalistic has been the attitude of those who have accepted hereditary tendencies as excuses of the bad conduct of children, and they have been left uncared for by reason of a lack of faith in those who should exert themselves the most." Further, "Among the twenty-five thousand persons who are to-day (1903) in the public and private institutions of the United States alone there are many brilliant hopes buried, owing largely to a lack of knowledge of what some need in the way of social and personal hygiene. Remember that some of the most illustrious members of the race have been previously near the borderland of insanity, and seem to have been great, although they showed obvious traces of the same misled instincts that completely wrecked others. Are such people not worth our help? Should not the home, the press and the school heed some of the dangers and shape their methods and ethics accordingly?" I maintain that in early life we have the plasticity of mind, the opportunities for moulding, for redeeming these individuals.

At puberty and in early adolescence we observe the awakening of formerly quiescent forces and, especially in the atypical child, rapid variations in the intellectual and emotional spheres. We see the development of religious, moral and ethical feelings, strong sexual impulses, the awakening of ambition and, in healthy children, a dawning of interest in human institutions and forms. These are the formative, the plastic years and the ones fraught with so much danger to the nervous child; his being may be made or mar-



red. The variations of his psychic life are bizarre and many come ominously near the ragged edge in the struggle of the psychic forces for proper balance.

The premonitory signs of neurasthenia and psychasthenia appear in a child of nervous instability in the form of morbid excitement, such as irritability of temper, nervous laughing, palpitation, and general inaptitude for work. There is want of fixation of attention, an experience of languor and sadness—an unreasonable reaction, as shown in emotional tone, to reproof. If, as is often the case, the home environment is unsuitable, the psychic reaction becomes in a greater degree morbid and various obsessions, morbid indecision, perverse sexual feeling, take root and, in later years, are responsible for the development of the mental breakdown so common when the stress of the conditions of life become too tense for the weakened condition.

I would call attention to the intense imagination of the nervous child, and at puberty this is often heightened to a morbid degree and variable illusions are indulged in; the nervous child is likely to become a dreamer and, unless this propensity is held in bounds, morbid ideation develops. The right habits of acting, feeling and thinking, must be developed.

As illustrating the importance of environment and training upon those in whom the predisposition to mental deterioration is present, I shall use the history of a case kindly furnished me by Dr. Groszmann, Director of The Groszmann School for Atypical Children. The case is of exaggerated type and, although very common in clinical experience, possesses the ear-marks of the true psychosis, rather than the purely atypical. I quote from Dr. Groszmann's history:

"The girl was a daughter of a well-to-do farmer and general merchant, and his wife, a woman who, although coming from the same rural environment, was of a very different temperament. The man was commonplace, narrow and more or less religiously fanatical. The woman was emotional, of an artistic temperament, erratic and erotic. The union proved to be an unhappy one.

"The girl was in many ways an image of her mother, endowed with a great deal of intelligence and artistic ability in drawing and painting, in music and literary appreciation. But she was always of unsteady nervous balance, morbid, subject to fits of temper, suicidal tendencies, etc. At home she was uncontrollable, though for years she did not live in her father's home, but in that of her grandparents' on the father's side. Her grandmother, although a very good and



conscientious woman, did not know how to manage her. The commonplace surroundings wore on her spirits and her vivid imagination was filled by her father with morbid conceptions of devils and angels. She had been to one or two other private schools, but was found uncontrollable there and ran away.

"She was with us for about three years.

"I had hoped to be able to use her drawing and music, in which she showed remarkable talent, as a lever for lifting her on to a higher level of self-control and mental and emotional concentration. In this I failed owing to lack of means. The girl returned to her home in her eighteenth year, much against my wishes.

"At first her people wrote glowing accounts of her excellent improvement. Gradually, when the influence of her old environment took more and more hold of her, she went to pieces again and is now in the care of a county hospital. I had warned the parents that the child would need not only the special training in the special environment, but also particular attention to her great individual talents if there were any chance of saving her; but otherwise there was danger of a mental disorganization."

This case of Dr. Groszmann's, terminating as it has in a fully developed psychosis, is illustrative in my opinion of many that could be saved from final mental dethronement, although as I have said, the ear-marks of psychic deterioration presented themselves in early life. I feel confident that thousands of children, in whom the elements that make for mental disorganization, particularly at the developmental periods, could be saved by proper precaution. We observe many cases of so-called psychasthenia in young people and even of the milder types of precocious dementia, in whom a proper re-education has brought about very remarkable results. It is only within recent years that alienists, who are becoming, as they should be, in a sense pedagogues, have begun to realize what systematic re-education can do for those who stand upon the heretofore vast terra incognita of abnormal psychic life, the so-called borderland between the normal and the abnormal.

In what way shall we regard the potent forces of heredity in relationship to education and environment? Is heredity the all-important force that rules the destiny of the individual and of the race, or are we moulded entirely by our environment and education? The importance of these questions is so paramount that it is almost the supporting beam upon which rests the superstructure of our educational meth-



ods affecting, particularly, the atypical child. Bernard Shaw's statement that the "vilest abortionist is he, who attempts to mould a child's character," would certainly require very broad qualifications. Likewise Professor Welton's statement, who holds that it is false to believe that human life can be built up from without and its form and tendency determined by an artificial arrangement by another of the ideas it is to assimilate. These writers maintain that education is an indirect or secondary means and that it consists in drawing out what is latent (by heredity) within the child, rather than putting in, so to speak, by a system of direct and independent education.

While I personally believe firmly in the "tendencies" that ancestral possessions give, yet I hold that modifications, nay, even through generations of experience, initial qualities even, may be induced, by education and environment. And I am considering, particularly, the intellectual rather than the physical qualities. Herbart, among the strong adherents of the doctrine that gives to environment and education the power of making the man, pertinently inquires: "Does a human being bring with him into the world, his future shape, or does he not?" In respect to his body he undoubtedly does; but that is not the question. We speak of the mind, the character, the interest, the entire disposition. Herbart likewise saw that the keynote of education consisted in affecting the ideas of the child and above all by **reaching a child's will**. Particularly in moulding the life of the atypical child, the elements of his will must be accessible to his teacher.

Pearson holds that the relative gain from education depends on the raw material. He thinks that ability is fostered by home environment, good schools and well-equipped institutions of research. He holds, however, that the origin of the faculties is, like health and muscle, in breeding and not creation. On the other hand, it is most refreshing to read authorities of another view. F. H. Haywood is an ardent believer in what education and environment will do in the making of the man. His essays are most illuminating. Ritchie says: that civilization is the sum of those contrivances which enable human beings to advance independently of heredity in the biological sense. Paul Lancaster with the majority of naturalists, asserts that the growth of the higher life is not due directly to the latent qualities of ancestors, but is the result of new acquirements conditioned and extended by experiences. The progress which mankind is making is due to the lessons of life, and not to the mysterious potencies of



primordial germs. In a practical way, Oppenheim says, "unless there is a fixed and constant plan of action, which is designed to fashion him (the child) in a certain manner, his final condition will be settled by a ragged combination of chance influences." Even Darwin, the greatest exponent of natural selection, believes that the moral qualities are developed finally through reasoning power, instruction, religious feelings, etc., rather than through hereditary factors as determined by natural selection. Stanley Hall thinks that the moral qualities are the most educable of our faculties. Wundt maintains that the mental and moral faculties of man, in terms of energy, know no law of conservation, but become more complicated and augmented without limitation.

I believe with Haywood and others that the "heredity spectre" has been exaggerated in its form, looming up large and ghastly and, if allowed to materialize, will lead to a false psychology as the basis of education, affecting particularly the child with qualities sometimes deficient, in some form exaggerated or again perverted.

Experimental efforts to artificially improve the race by scientifically arranged hereditary influences, dates from the time of Plato. He proposed to improve his people first by restricting the procreative union, and secondly by destroying the new-born weaklings. Of course in his time, physical perfection was aimed at and the essential element which we now recognize as differentiating the development of man from that of the lower animals, was not considered, namely intellectual force and the beautiful qualities of the human mind. Indeed the experiments of Plato and, later of Lycurgus, really failed to demonstrate the practicability of regulated union; except that the practice of infanticide necessarily reduced the number of the weak and deformed, no remarkable improvement resulted other than might be expected from the hygienic methods of living, then imposed. It will be recalled that a systematic effort at stirpiculture was made in modern times by one John Noyes who established what is known as the Oneida Community in Central New York. This was from 1868 to 1879. The first principle was that of regulating breeding and the second that of careful selection of the mating for prospective progeny. At first physical and later intellectual excellence was aimed at. The results were satisfactory in so far as the physical excellence of the offspring was established, but the intellectual qualities did not become essentially higher.

It is in the application of the principle of selection with regard, especially, to the mental characteristics, quite as



much as of the physical that true improvement of the race may be expected. Indeed the intellectual sometimes attains its highest form associated with gross physical defect. A Spartan system of infanticide would have cost us many a genius of modern times.

The words of Jowlett are full of meaning. He says that the doctrine of heredity may seem to take out of our hands the conduct of our lives, but it is the idea not the fact that is really terrible to us. For what we have received from our ancestors is only a fraction of what we are or what we may become. The knowledge that drunkenness or insanity has been prevalent in a family may be the best safeguard against their recurrence in a future generation. The parent will be most awake to the vices or diseases in his child of which he is most sensible in himself; the inherited tendency to vice and crime may be eradicated. We must acknowledge that in the matter of our birth as in our nature generally, there are previous circumstances which affect us. However, on this platform of circumstances, or within this wall of necessity, we have still the power of creating a life for availment, by the reforming energy of the human will.

Oppenheim, who has given much time to the study of the development of the child in his work on the subject, indicates by convincing statistics from reliable English sources, the potent influence of education upon youths brought up under State supervision strictly, as contrasted with the results in others of the same age and same low level of social origin, who were allowed to remain in their home environment. The result is convincing of the force of education in developing the moral side of man. In the five (5) years from 1887 to 1891, the children whose parents were habitual criminals, formed only two (2) per cent. of the population of the Industrial Schools for Youthful Criminals. Surely this would not suggest heredity. Further, statistics of the Royal Commission on Reformatory and Industrial Schools, show that children of essentially the same class of laborers of inferior mental and moral type, when permitted to grow up in their home environment, furnish a large percentage of the juvenile criminals while those who from early life came under State supervision, lived wholesome lives and seldom became thieves or vagrants. Again, in the year 1891, 44% of the juveniles committed to reformatories, were living at home.

Oppenheim rightly concludes that "the home and its environment were the infecting material; the children served



as culture media and showed symptoms of infection, the principal of which was an anti-social tendency."

The familiar history of the Juke family is often adduced as showing the force of transmitted tendency to evil. When one remembers that the few members of this large family of miscreants that were really respectable, lived in their earliest years in a morally clean environment, one is inclined to say the history of this family corroborates the theory of environmental rather than hereditary potency.

While the consensus of opinion points to the doctrine that acquired characteristics are not directly at least transmitted, nevertheless, if there were no change by individual influence, evolution would be impossible.

The environmental conditions of life in a social sense, as determined by our modern civilization, especially among our urban population, give rise to many momentous questions affecting, particularly, the development of the nervous child. This applies to the rich and the poor alike. The words of A. R. Wallace, upon the influence of woman, are significant. He says that when such social changes have been brought about, making it unnecessary for woman, either by hunger or for social reasons, to sell herself, either within or without wedlock, and when all women shall come under the refining influence of proper education, and elevating environment, and when public opinion shall have as a basis the highest aspirations of the age, there will result a form of natural selection which will, in itself, bring about steady advance in the average status of the race. When no woman will be obliged to marry for a bare living or for a comfortable home, those who remain unmarried from their own free will, will increase in number, while others having no inducement for an early marriage, will wait until they meet with a partner really congenial. In such a reformed society, the vicious man, the one of degraded taste or feeble intellect, will have but little chance of finding a life partner, and his bad qualities will end with himself. The most beautiful in body and mind will, on the other hand, be most sought and hence be most likely to be wed early, the less highly endowed, later, and the least gifted of any, latest of all; and this will affect both sexes alike. From this varying age of marriage, as Galton has shown, there will result a more rapid increase of the more desirable, and this cause continuing at work for successive generations, will, at length, bring the average man to be the equal of those who are now among the more advanced of the race.

Thus, this social question like many others, has a direct



bearing upon environmental influences in the development of mankind. Thus, indeed, is the home life affected. The atmosphere of the home has great bearing upon the development of the child—especially the nervous child. Children of the neurotic type are keenly sensitive to unhappy home life. They are most impressionable and the foundation of overpowering obsessions, morbid fears and sexual perversions, often take origin in the disturbing elements that characterize the atmosphere of a home with unhealthy social hygiene. Self-control in parents and the display of affection and judicious sympathy, with the reasonable insistence on a high code of ethics in daily life, are examples for the child that stand out in relief in representative education.

The nervous child, predisposed to such disorders as chorea or St. Vitus Dance, nervous tics and habit spasms, if exposed to emotional disturbance consequent upon fright, fear, sudden physical and mental shock, may be thus precipitated into any of these neurotic states. The trying experiences of improperly adjusted school and home life in these children, easily gives rise to morbid dreams; indeed it is through analysis of the dream states of adults and children that the subconscious morbid impressions are often determined that enable the physician to fathom the origin of the psychic injury. Many cases of true hysteria of childhood are due to morbid fear and sudden disturbing mental impressions; the importance of a tranquil life with well-regulated social, moral and physical hygiene, must be appreciated to understand their influence upon the development of the nervous child, particularly. We must not accept Herbert Spencer's gloomy aspect of the absolute and inexorable laws of ancestral transmission or accept the older view of Helvetius, who disregarded entirely the influence of heredity. Children with neurotic propensities should be educated so as to develop the best quality within them, but in such a way that the child's poise be not disturbed; to reduce to a minimum inherent tendencies and exaggerations that are likely, by heredity, to destroy the proper balance and, above all, to bring the child's stock of nerve force, its potential energy to the highest level.

Although true neurasthenia is not common in children, we do observe such symptoms as palpitation, persistent headache, nervous laughter, irritability, insomnia, various neuralgias, and anaemia, in children who are of the neurotic type. I do not believe that the schools of the present day, as a rule, overburden the healthy child with work and discipline, but I do hold that for the neurotic child, the one of un-



stable, of tense nervous organization, the regime and requirements of regular school life may bring untold misery. The child with the exceptional qualities is the one also, who, if permitted to advance unchecked, by reason of ambition and as the possessor of high ideals, may go down to mental and physical dissolution.

It is hardly necessary for me to do more than mention the very vital influence that physical hygiene exerts upon particularly neurotic children; the advantages of suburban life—regular hours, pleasant games that interest but do not excite the mental processes. In nervous children, particularly must we avoid fatiguing exercises. They are especially prone to excessive activity and to rapid exhaustion. There is an atmosphere of calm in the quiet of suburban life that so nicely quiets and yet invigorates the nervous system. The important element in the hygiene of the nervous child is to secure the highest nutrition for the economy and this includes the intricate centers of activity within the brain. Children who have plenty of fresh air, healthy exercise and bodily and mental freedom, develop more poise, are less likely to become prey to perverse sexual instincts.

A discourse on the moral education of the atypical child would require an essay of great length. I have but one word of warning and it comprehends much: Do not take away from the child his self-respect; do not rob him of his will; do not ridicule his earnest efforts. Pascal has said: "Man is so made that by dint of being told he is a fool, believes it and by dint of telling it to himself, he makes himself believe it."



## VII.

### THE VALUE OF PROPHYLAXIS IN THE EARLY LIFE OF THE EXCEPTIONAL CHILD.

By SIDNEY V. HAAS, M.D.

Assistant Department of Pediatrics, Columbia University, Pediatric  
Lebanon Hosp., Physician to the Home for Crippled  
Children, Hawthorne, N. Y.

New York, N. Y.

The value of prophylaxis in the early life of the exceptional child can not be overestimated. The exceptional child is almost always physically pathological; the lesions ranging from those which produce slight disturbances of psychological processes, to the profound injuries of the cerebrospinal nervous system observed in idiots. The subject of the prophylaxis of this state is so vast that it is only possible to touch upon it in outline in this paper in the short time allotted. Any severe acute disease and most chronic diseases may be factors in its causation; only those, however, which bear a distinct relationship will be considered.

Prophylactic measures must be instituted **before the birth** of the child. Among the most important evils to be combatted, at this time, need only to be mentioned—syphilis, alcoholism, neuropathic states, tuberculosis, narcotism, insanity and epilepsy in the parents.

The correct treatment of the first mentioned condition (syphilis) is attended by particularly brilliant results, as has often been demonstrated by a first and third child, who are perfectly normal—the mother having taken treatment during these pregnancies; whereas the second child is exceptional, mentally and physically—the mother having neglected treatment during pregnancy. And no treatment, however thorough, after birth can entirely undo the harm of such neglect.

Unfortunately not all of these states are amenable to medical treatment. These must be met from a sociological standpoint, and marriage, or at least child-bearing by the unfit, should be prevented.

**During the act of birth** much may be done in the way of prophylaxis. Prolonged and instrumental labor are serious etiological factors in the production of this class. The remedies are at hand and special skill should be sought early, to minimize the injuries from this source. The attention of physicians and midwives should be called to this danger.



**After birth** attention must be directed in three particular directions:

1. Correction of conditions producing chronic toxæmia, whether due to disease processes, poor hygiene or faulty diet.
2. Correction of defects of special sense, sight, hearing, speech.
3. Correction of environmental faults such as climate, locality, guardianship.

During the first year, feeding and general hygiene are of prime importance. For at this time may be laid the foundation of future trouble. Breast-feeding should be insisted upon, and in a very large percentage of cases can be successfully performed. The difference between the breast-fed and the artificially-fed child, no matter how satisfactorily the latter is carried out, is striking—not so much in the matter of general nutrition, for here the latter often has the advantage, but in the general tone of the nervous system. The breast-fed child, as a rule, is quiet, calm, happy and sleeps well, while the other is apt to be more restless, more irritable, and decidedly less stable.

At this time excitement, in the form of play, noise, confusion and irregularity in the daily routine are pronounced factors. In the second year of life and later toxæmia are uppermost. It is now that the child, being of necessity artificially-fed, is put upon large quantities of milk, which, in a certain number of children causes symptoms of anaemia, irritability and general depression. Eggs in excess and sometimes in minimum quantity produce a similar condition. Less frequently the defect is in excessive feeding of sugar, sweets, or meat; or the fault may be excessive and too frequent feeding of proper food or insufficient feeding. The diet at this time should be chiefly cereals, vegetables, and fruits. After the third year coffee, tea, alcohol and drugs are causes of trouble which require attention.

It is now that defects of special sense begin to manifest themselves. First in importance is the sight; second, hearing; third, speech. Early recognition and appropriate treatment, whenever possible, will save months and years of future general abnormality. Here may be considered such conditions as adenoids, and hypertrophied tonsils, the removal of which is often attended by splendid results. But too much stress has been put upon these particular conditions, especially when considering the exceptional child; for it is in this group that most frequently improper hygiene is the cause



of adenoids and large tonsils—the lymphoid enlargement being the result not the cause.

**Dental caries** is an important cause of toxæmia in early life which may be easily removed.

**Intestinal parasites** should always be excluded in the consideration of this state. Numerous unusual symptoms may be due to this cause; prominent among which are general irritability, mental and physical hebetude, and anaemia.

**Masturbation** in the very young child is nearly always due to peripheral irritation, the removal of which relieves the condition. Unrelieved the condition becomes a stubborn habit, difficult or impossible of cure. Altho this is a factor to be considered, its influence is vastly exaggerated.

In the early age, too, of importance is the **environment**. Nervous, irritable adults, caring for a child, soon produce a marked effect upon it, depriving it of the rest which as much as sleep it requires at this time. The **tendency to drive** a normal child in order to demonstrate to admiring friends its high order of intelligence, is a most pernicious practice.

**Locality** as a factor in infant life has not received the attention it deserves. A child may, for example, be subject to asthmatic attacks, in one place, but yet be entirely free of them in a place not more than twenty miles away. Or again the influence of a quiet, restful country side for the well-being of a child as compared with the noisy city, are among the common observations upon this point.

**Climate**, too, is of importance. Some organisms flourish best at low altitudes, some at higher, while the salt air zone may be best for others. The fact that many people, living at high altitudes, as in Colorado, must descend to lower levels, every few years, to overcome their nervousness; or, as in tropical countries, individuals from the temperate zone cannot exist unless they absent themselves at intervals, serve to illustrate in a broad way, the idea here suggested. In other words, every organism has certain environmental and climatic requirements in which physically and mentally it is at its maximum. This is especially true of young children, and it is to be hoped that the future will see more use made of this knowledge.

A series of conditions to be considered in connection with the prophylaxis of the exceptional child which can only be mentioned briefly, are: (a) **Cretinism**, which when recognized early, i. e. within the first year or two of life, makes it possible, by the constant administration of thyroid extract in adequate doses, to almost normalize children who otherwise remain imbecile.



Personal experience leads me to the belief that many older children who are subnormal mentally, and physically obese, whose respiratory excursions are limited, belong to this class and may be much benefited by the administration of thyroid, although, owing to the lapse of time without this glandular extract, they may never reach the degree of improvement that would have been possible had the condition been recognized earlier.

(b) **Achondroplasia**—a condition characterized by imperfect epiphyseal growth, is, in the majority of cases, accompanied by a mental retardation. A method for overcoming this state is at present unknown; but a recognition early might prevent mistakes in training.

(c) **Infantilism**—here the characteristics of the child are maintained thru youth. Some of these cases are benefited by the use of pancreatic extract; others fail to respond.

(d) **Albinism** is a distinct cause of the condition under discussion owing to the handicap of not being able to use the eyes well in bright light.

(e) **Malformations** of all kinds need only to be mentioned. The remedy must always be conditioned by the particular deformity.

(f) **Hyperthyroidism** is a term used to designate the symptom complex, produced by an excessive secretion of the thyroid gland—hyperexcitability is the prominent feature. It is not very uncommon among young children, especially girls, and its early recognition permits of much improvement thru rest and appropriate medication.

(g) **Enuresis**, habit spasms or tics, and chorea should be given proper treatment.

(h) **Too rapid growth** is a condition which unless carefully handled leads to a state which is pitiable. Individuals large in bulk but small in capacity may be helped by making it plain to them that their infirmity is transient—that no efforts should be made until growth is complete. Thus they are saved from self-consciousness, melancholy, and actual backwardness. The period of life during which this condition exists may extend to beyond the majority. Boys are far more frequently sufferers from this cause than girls.

(i) A condition which, if noticed at all, has not been emphasized is one of general relaxation, for which the name **Asthenia Universalis** has recently been advanced.

Defects of the ocular muscles, spinal curvatures, ruptures, movable viscera, flat feet, are among the prominent symptoms of this disease. The cause is not known; it is sometimes present at birth. It may exist without symptoms.



Usually, however, there is a disinclination for effort; the individual tires easily; the mental state may be distinctly atypical. It lends itself to treatment thru proper hygiene and apparatus such as proper shoes, or plates, proper glasses, abdominal binders, the latter of which by changing the intra-abdominal pressure favorably influence the splanchnic circulatory area, thereby producing the surprisingly good results often obtained by this apparently trivial procedure. **Disturbances of the nervous system**, especially when psychical, such as night terrors, or fixed ideas, prove readily amenable to appropriate treatment.

The psychology of early childhood is ordinarily not very obscure. The processes are usually of the simplest and the explanation ever at hand. Thus night terrors due to dreams of jumping frogs, after existing for weeks, were cured in one night, by removing the child from his room, upon the walls of which was a frieze containing small human figures in attitudes which in half light could easily be mistaken for jumping frogs, to a room with plain walls. Take the example of another child who always spoke of "a man in dere," who never again made such a reference after the ulster hanging over a pair of overshoes and surmounted by a hat were taken down for him, to show him there was no man, altho the idea had existed for months.

The researches of Professor Rotch, of Harvard, and Professor Pryor, of the University of Kentucky, in regard to the anatomic as compared with the chronological age of the child, or as they have been pleased to term it, the **Anatomic Index**, should prove of greatest value in the prophylaxis of the exceptional child, and in the prognosis of this condition.

The method of obtaining the anatomic index, is to take an X-ray picture of the wrist, which shows by the order of the appearance and the number of the carpal bones, and the epiphyses of the radius, and ulna, the anatomic age. Rotch has found among feeble-minded children that they may be of the same height and weight as normal children of their years and yet their anatomic index corresponded more nearly to their low grade of mental capacity than to their general physical development.

Unfortunately there is a large percentage of children of the exceptional class for whom prophylaxis or treatment in the present state of our knowledge is powerless; but for the others much can be done, and it is necessary to look to the sociologist, physician, psychologist, and pedagogue, to solve this problem by proper co-operation.



**Friday, April 22nd**

**Third Conference**

**9.30 a. m.**

**Session Topic: The Perspective of the Problem  
of the Exceptional Child**

**I.**

**THE EXCEPTIONALLY BRIGHT CHILD.**

**By MAXIMILIAN P. E. GROSZMANN, Pd.D.,**

**Educational Director National Association for the Study and Education of Exceptional Children,**

**Plainfield, N. J.**

Of exceptionally bright children, there are two classes: the pathological and the non-pathological. The latter class exhibits merely a more rapid rhythm in the rate of physical and mental development, and the children belonging to this class are otherwise perfectly balanced and sound. As long as the equilibrium of mental and physical growth is maintained, children of this type can be safely allowed to go on in school training after their own individual fashion and rate. A number of special plans have been devised to meet the conditions of such exceptionally rapid rate of growth so as to break the monotony of the graded system; each has its own particular excellency.

But even these non-pathological children may at times, especially at certain growth periods, for example at the time of puberty, develop tension symptoms which would indicate a degree of disparity between nerve and muscle growth, between the stages of central and of peripheral development, between the size and function of certain organs, that danger of derailment is imminent. It will therefore be commendable to watch the physical health of these children at



all stages with particular care, and to make promotion, and even continuance in school, dependent upon a clean health record.

Much depends also upon the kind of stock from which such a child has sprung; a virile heredity is a good promise of wholesome development. There are many "promising pupils" who never do the extraordinary things when they grow up which were expected of them. With some it was merely a matter of a good memory during the years of school life; with others, of social circumstances. A fortunate combination of social conditions may favor the mediocre mind at the expense of one more gifted. Who will tell how many really exceptional children with fine mental endowments are lost to the world thru lack of opportunity?

The second class of exceptionally bright children is essentially pathological. While the first class represents simply an acceleration of otherwise typical development, the latter exhibits atypical and even abnormal symptoms of growth, with excessive variations and surprising manifestations, such as are found only in rare individuals. The pathological class comprises the genius, the "Wunderkind," and the "idiot-savant."

Speaking of the last named class first, we observe here the strange fact that an individual exhibits the most prodigious ability in a certain well-circumscribed field of activity, while all other fields are underdeveloped. Musical prodigies and lightning calculators of this type are otherwise clearly idiotic and feeble-minded, and their special gift appears to be the result of a mechanical process in the brain which has no significance for the intellectual value of the individual. The very facility of a man like Inaudi to give immediate answers to extremely complex mathematical problems with large rows of figures eliminates conscious thought and judgment entirely, and places him in the class of freaks of nature. Such persons are mere living calculating machines. The study of these cases has no other educational or scientific value than that it may throw light upon certain mechanical processes in the central nervous system.

The class to which the German term "Wunderkinder" has been applied develops marvelous excellency without completely destroying the balance of the mind. Genius represents the most brilliant type of this order, and is a "Wunderkind" grown up. But most such persons show brilliancy in one direction only while in all others there is but ordinary efficiency. A universal genius on the order of Michael Angelo is extremely rare and can be developed and sustained



only when a person is also endowed with perfect physical health.

Dr. Paul Carus says about the genius ("Our Children," p. 154): "The soul of a genius consists of motor ideas which are correct representations of things in the objective world and of the work to be performed. They interact without the laborious effort of conscious concentration. They act with machine-like accuracy, so as to allow attention to be concentrated upon the main purpose of the work and not upon its details. A genius originates partly by inheriting a disposition for easily acquiring certain functions, or generally by possessing the knack of viewing the world correctly. Whatever may be the cause of genius, it certainly shows itself in the playful ease with which work of great importance is performed . . . . Genius is instinct on a higher plane." This would seem to show a relationship between the genius and the idiot-savant inasmuch as there is the mechanical element in the make-up of both. There is more of instinctive impulse than of conscious application. And it should be noted that Carus recognizes the part which motor ideas play in the constitution of the genius, a fact to which reference will be made later.

What this mechanical element is may become clearer from a report recently published ("Zeitschrift für Kinderforschung," Langensalza, March, 1910) on one Otto Pöhler, the early reader of Braunschweig. He began to read letters, words and figures at the tender age of  $1\frac{1}{4}$  years. The case of this boy who is now nearly 17, has been carefully studied, and cranial measurements have been taken. It appeared that when he was a child his occipital bone was unusually prominent, and the axes of the eyes were farther apart than in average children. Dr. Oswald Berkhan comments as follows: "Prof. Hermann Munk has shown that the convolutions of the hind-brain have a close connection with the visual function, and that in this region (he calls it the visual spheres—"Sehsphaeren") those perceptions which were obtained from the optic nerves are stored up as memory images. It is therefore not improbable that the prominent occipital bone corresponds with a stronger and more deeply convoluted hind-brain, the center of the optic images of written and printed symbols, i. e. of the memory images of the words read. And the relatively greater distance of the eye-axes permits of the assumption that there is an extraordinary arrangement of the convolutions of the fore-brain."

This indicates that at the bottom of the boy's exceptional ability to read, and later on to acquire foreign lan-



guages, history, etc., was an exceptional visual perception and memory, based upon a special anatomical endowment. An exceptional and quickly acting memory power will explain many otherwise strange phenomena in the manifestations of these "Wunderkinder;" and let it be also remembered that this memory is intimately connected with the corresponding motor impulses. It is essentially a matter of motor ideas as Carus put it.

The early faculty in Otto Pöhler to read figures was not accompanied by a corresponding ability to compute, showing it to be in the nature of a mechanical facility. The boy is now, at this writing, an intelligent young man, endowed with an admirable memory, well-educated, pleasant of manner, who is always ready to find his proper place. Otherwise there is nothing remarkable about him altho he promises to become a very successful student of history. The anatomical peculiarities spoken of before are less marked in the youth than they were in the boy.

The only pathological symptom reported in this case when his precocious reading faculty was most marked, in his childhood years, was a tendency to stutter and to have spastic movements of the muscles of the mouth.

Very different is the character-picture of another type of "Wunderkinder," the artistic type. Take the musical genius, Wolfgang Amadaeus Mozart, for an example. Mozart showed remarkable musical ability at three years of age. But he was never a well-balanced personality. He was impulsive, careless, erratic, a very poor manager. His irresponsibility in money matters, his happy-go-lucky way, caused him to be always in want. Towards the time of his early decline, when he had exhausted his opportunities and nerve force in a spendthrift sort of way, he became morbid and died at the early age of 35.

His was clearly a pathological case. Not all exceptional minds end so ingloriously and early. Prof. Francis Galton says: "Early manifestations of genius are not incompatible with prolonged and even late development. Haydn, Beethoven, Michael Angelo, Milton, Goethe, Voltaire, Newton and others are examples of lengthy process of development. Men of great original power may be expected to illustrate the most prolonged movement of mental growth."

Nevertheless, the danger of pathological tension is ever present, and too much care cannot be exercised in watching over these developments, as we shall see later.

The mathematical prodigy is another type. Michael Angelo, in a measure, belonged to this type, and certainly Gauss



and Newton. With the mathematical ability is often coupled a high degree of effectiveness in the exact sciences.

The modern "Wunderkind" of this class is William James Sidis, the 11 year old boy who addressed Harvard professors on the problem of the fourth dimension. I have not been favored by the father, Prof. Boris Sidis, to whom I addressed myself some months ago, with any direct data; thus I must rely upon the reports in the press.

That the young mathematician is warped somewhere in his mental make-up is evidenced by his egotistical tendency. One day he remarked: "I wonder whether school children in future generations will celebrate this as a holiday because it was the day on which I begun the study of the physical sciences." (!)

In spite of his big "I" he is certainly a remarkable child. In some respects he reminds one of Otto Pöhler. He was an early reader, had a great interest in words and figures, and had mastered five foreign languages at the age of 8. He has studied anatomy and astronomy. But his main capacity seems to be mathematical.

No cranial measurements are reported, but it is probable that the explanations given for the Pöhler case hold good in his, and it remains to be seen what William James Sidis will be at the age of 17.

The father claims that his boy's remarkable manifestations are the results of an educational system of his own. He availed himself of the opportunity of every newly awakening interest, and states that much more intense work can be done by every child if a more rational use were made of what has been called "second breath," or "second wind," and by Prof. Wm. James, "reserve mental energy."

The contention is justifiable in a measure. Each child has budding or "nascent" periods for the different forms of mental manifestations. The early years are the ones in which the naming, the language-making, the counting, the computing instincts arise, and in which a wealth of more or less conscious observations and experiments are made and stored up in the form of mental images and dormant impulses. These facts, however well known to some, are yet too little understood and hardly recognized in practice. It is perfectly possible to assume that we might succeed in developing all our children to undreamed-of mental alertness and efficiency if proper use were made of these budding interests before they evaporate, and if a careful training of the attention were attempted alongside with proper methods of teaching the child at the right time. It is really in many ways a matter of the



proper method at the proper time. Carus is right when he says (*loco cit.*): "The impressions of children who, in a certain line of activity, see nothing but the right methods from their very babyhood, will be so organized that from their unconscious depths up to the conscious surface of their soul, they will be pre-determined to hit naturally the right mode of action . . . . The condition of genius is a ready and automatic interaction of a sufficient number of clear and correct thought images, or representative pictures, which must be brought under the control of a guiding purpose."

Prof. David Edgar Rice, of Columbia University, thinks that the Sidis child's achievements are due to suggestion. "There seems to be scarcely any limit to the power of suggestion, and it is conceivable that by some process the father has been able to stimulate the natural powers of the child's mind to an extraordinary degree." This is very possible indeed, and it may be urged that a well-balanced suggestive method in education is most commendable in all cases, and not only when there be the need of checking perverse or morbid dispositions. Suggestion has a very positive value.

Further, the theory that we can do much more intense and sustained work by calling upon our "second breath" is thoroly tenable. As a rule, we allow premature fatigue to interfere with the activity of our children, a fatigue which is not seldom manufactured by tedious and unscientific methods of teaching and unhygienic conditions. We do not work the children intensely enough. The most effective man in the world is he who overcomes the torpidity of ready fatigue. Drawing upon our hidden strength, we develop latent possibilities and bring into activity those brain cells and thought and motor centers which lie dormant and which are in danger of remaining undeveloped. The number of brain cells functionally active is difficult to determine; but it is safe enough to say that it comprises only a fraction of the entire number of cells many of which remain forever immature. Who will venture to deny the possibility that by proper stimulation we may vastly increase the number of functioning cells, and thus of the potentialities of thought and motor activity?

And by proper methods of stimulation, the association passages from cell to cell will be multiplied, organized and worked smooth so that there will be a corresponding increment of mental power and rational judgment.

To what extent our subconscious self may become correlated with our conscious life, so that a vast area of occult organized mentality would be brought into rational co-ordi-



nation, is a matter of speculation. The problem, vast in its possibilities, may here merely be broached.

Let us also be reminded, in discussing the conditions of rapid growth, that space and time are mere abstractions, or methods of conception. Both are motor concepts, and depend upon rhythmic elements of variable rate. Our mind, under certain stimuli, defies "time." Many are the experiences, in our dream life, or under the stress of great excitement, when we live thru apparently long periods of time in the space of a single moment. Time as well as space are relative standards.

We may look further for an anatomical explanation of special gifts. Quoting from Church-Peterson's work on Nervous and Mental Diseases (p. 159 f.): "As a working scheme we may consider that motion is represented in three levels: First, in the gray matter of the spinal cord; second, in the Rolandic area of the cortex; third, in the highest levels of conscious thought, probably in the frontal region of the brain. The spinal level may be considered that of reflex, vegetative automatism, the Rolandic level that of motor memories, and the frontal area that of conscious, selective, and intelligent action. Thus, destruction of the highest level leaves automatic and memory action practically unimpaired. . . . . In the automatism of dementia the motor memories are likewise preserved. The mid-level, the Rolandic region, may be destroyed, leaving consciousness of volitional motions and the will to execute them, but the memory of their muscular production is gone, and they default, as, for instance, in motor aphasia. If the lowest or spinal level be destroyed, the mind and the memory organ have lost their tool and peripheral paralysis obtains. There is no difficulty in conceiving certain cortical areas to be memory organs, as in the case of the higher visual centers in the parietal lobe. We may, however, go further. All thought contains the two ideas of motion and sensation. They can not be separated, and without them consciousness is impossible. Indeed, they are in a certain sense identical. Motion is to the mind but the sensation of a change of position, and sensation is only the recognition of arrested motion. If, then, we consider the parietal convolutions as visual memory depots, we are equally at liberty to consider the Rolandic areas as motor memory depots. . . . . In the spinal levels single muscles or groups of muscles are represented. In the motor cortex co-ordinate and functionally associated movement memories are located, and in the highest level resides their volitional control and the power to recall and select them."



The authors here consider pathological effects from impairments of one or the other of these levels. But it is equally simple to conceive that one or the other be unusually well established and developed, well organized and well trained. We may thus easily deduct consequent special gifts such as have been described in the foregoing. And if the localization of functions as given by Church and Peterson should differ in some details from the contentions of Prof. Munk, cited before, they agree in the main position that we are dealing with motor memories.

Specially favorable conditions of growth, thru nutrition and other environmental causes, enter into the process. There are also congenital and hereditary causes, such as race peculiarities, favorable mixture of types in the parents, reverberations of ancestral excellencies, etc.

Thus it would seem that after all we are discussing perfectly normal processes, and that we have no right to assume pathological deviations. It is certainly conceivable that under favorable circumstances exceptional excellence, genius and precocity may appear without detriment to the individual.

Yet, many factors enter into these exceptional life conditions which are difficult or impossible of control. The hereditary and ethnic factors have already been alluded to and will be again mentioned. If a virile stock is a favorable predisposing element, a weak heredity forms a hollow foundation for precocious development, and a "mortgaged inheritance" of biological elements will burden the debit side of the life ledger disastrously. The majority of all cases of genius and brilliancy will show neuropathic tension and health danger somewhere. Drawing upon the "second breath" too freely may become a habit so that the reserve force is exhausted for cases of emergencies. Barr (*Mental Defectives*, p. 125) intimates that backwardness and precocity in early childhood are related and are equally indicative of an abnormal ego. After all, each stage of growth has its distinct function, and it is well that we be sure to give each stage its fullness of opportunity even tho we may admit that rate and rhythm differ in individuals.

An artificial stimulation and insistence upon overprecision in early childhood, may, as Stanley Hall shows, produce arrest of development; if we, for instance, expect too much of finer muscular adjustment in the young child, chorea is often the result. The same author says ("Adolescence," I, 321 ff): "Among the chief external causes of diseases at this age (adolescent age) are all those influences which tend to



precocity, e. g., city life with its early puberty, higher death rate, wider range and greater superficiality of knowledge, observations of vice and enhanced temptation, lessened repose, incessant distraction, more impure air, greater liability to contagion, and absence of the sanifying influences and repose of nature in country life. At its best, metropolitan life is hard on childhood and especially so on pubescents. . . . . Civilization with all its accumulated mass of cultures and skills, its artifacts, its necessity of longer and severer apprenticeship and specialization, is ever harder on adolescents. . . . When we add to these predisposing causes the small and decreasing families, the later marriages, so that more and more are born of post-mature parents and thus physiologically tend to precocity; the over-nurture of only children who are so prone to be spoiled and ripened still earlier by unwise fondness; the mixture of distinct ethnic stocks that increase the ferment of adolescence by multiplying the factors of heredity and so increasing its instability, we no longer wonder that many in these most vulnerable years make more or less complete shipwrecks at every stage of these hot-house demands which in the entire life of our race are so recent. Under these provocations, some instincts spring into activity with a suddenness that is almost explosive, and so prematurely, that as, e. g., with sex and drink, the strong and complex psychic mechanism of control has no time to develop and forbidden pleasures are tasted to satiety, till the soul has sometimes not only lost its innocence before it understood what purity and virtue really mean, but life is blasé, a burnt-out cinder, admiration, enthusiasm, and high ambitions are weakened or gone, and the soul is tainted with indifference or discouragement."

After all, normal growth is a process of maturing.

Any warping of this process, any excessive growth in some particular direction, especially in the line of specific intellectual activity, is apt to produce an unbalancing of the moral equilibrium. This is the reason why genius is often characterized by extreme self-centeredness and even selfishness, by a tendency towards cruelty and sexual license.

And although this paper is not particularly concerned in methods for alleviating exceptional conditions of this kind, a suggestion may not be amiss. If it is true that the basis of these conditions is to be found in an excessive development of the motor centers within a certain limited area, the danger may be counterbalanced by educative methods which will stimulate the motor centers in other areas. This is the reason why in the educational treatment of these cases



manual training and physical exercise, a greater attention to the larger muscular activity, play such an important role. A toning up of the nervous system, rational and hygienic life conditions, organized exercises in the training of the powers of inhibition and voluntary control, and much positive, wholesome suggestion will do much towards saving these children from the unhappiness and nervous bankruptcy to which they are so often foredoomed.

Some of us who have had the experience of precocious development in their own early youth, may testify to the severe penalties they have had to pay. Even when intense activity was long sustained, intermittent periods of emotional explosions and disintegration, of neurasthenic tension and collapse, were frequent enough, and the danger of eccentricity and permanent derailment ever present. There were little need of the great number of sanatoria with which our country is blessed, had not the conditions of our life fostered a perilous tendency towards precocity and nervous over-stimulation. And many a genius has, in his overstrung and hypersensitive soul, borne the burden of human woes, sacrificing his happiness for the cursed gift of the gods. At its best, genius implies resignation:

“Genius and its rewards are briefly told:

A liberal nature and a niggard doom,

A difficult journey to a splendid tomb.”

—Forster

#### DISCUSSION.

##### DR. GOODHART:

During the session of this Association, frequent mention has been made of that remarkable boy whose precocity has created such wide interest; namely, William James Sidis, the young boy student of Harvard.

There seems to be a general misunderstanding, both in the lay mind and in the scientific world, of the conditions of life, the manner of education and the general makeup of this remarkable boy. His father, Dr. Boris Sidis, is a personal friend of mine, and I brought the son into the world. Dr. Sidis and myself have been closely associated and have done literary work conjointly. The elder Sidis is a highly intelligent man of rare intellectual acumen and is highly cultured. He has always been a close student of normal and abnormal psychology, and much of his work has shown profoundness and has always been stamped by originality.

The mother of young Sidis is a graduated physician and also a talented woman. Both parents are of Russian-Jewish extraction.

The Sidis boy was, both mentally and physically, normal and in every sense an average child during his infancy and very early child life. Dr. Sidis began with his son in early childhood, a system of instruction along original lines which, while not destroying the childlike tendencies, awakened and developed in the child powers of observation, analysis, discernment and general intel-



lectual activity which he applied in the diversions and ordinary pastimes of the child's life. The child was thus, without an effort, utilizing receptive and perceptive, as well as conceptive mental processes which were along lines tending to develop a potent brain force. In the results achieved by the Sidis boy, doubtless both the elements of heredity and those of environment played an active role and these forces were most happily combined to bring about excellent results. The boy is not physically a weakling and while it is true he may be at times nervous and perhaps moody, up to within a few years past when the boy ceased to remain under my observation, he was enjoying the best of health. It must be admitted, however, that the child has been characterized by a certain awkwardness in manual activity and motor expression. In his childhood he passed through several severe attacks of illness, but showed excellent recuperative power.

I have only the highest praise for the excellent and thorough paper of Dr. Grossmann. As a pioneer in caring for and in teaching the exceptional child, Dr. Grossmann's work is preeminent. He is qualified, and second to no one, to give us the principles of developing the best within those unfortunate children who have begun life under the cloud of early instability and mental deviation. I am especially impressed with Dr. Grossmann's suggestion that we teach the exceptional child concentration in early life. With the principle of so-called reeducation of adults who show abnormal tendencies, including those women of neurotic temperament who show obsessions and other forms of nervous derangement, the cure includes the teaching of concentration. Indeed we, who are constantly seeing cases of nervous diseases, are now practising methods along this line in removing subtle, so-called subconscious ideas and associations dominating the individual's life, to thus restore them to normal.

I am fully in accord with the great work that Dr. Grossmann has begun in endeavoring to separate the exceptional child—oftentimes the brilliant child, the abnormally precocious child, with his intense imagination, oftentimes his genius and want of poise—from the truly defective class, from the dullard down to the imbecile. This distinction is of the highest importance and has a social, economic and scientific value heretofore absolutely overlooked.

#### DR. GROSZMANN:

I was much interested in what Dr. Goodhart said in regard to the Sidis boy. While, of course, a more detailed study of the child's physiological and psychological characteristics would make matters clearer, the statements of a man like Dr. Goodhart, who has known the boy and his family intimately, are significant. He states that there is a certain lack of nervous balance and control in the boy, and that he is awkward in manual activity and in motor expression. This means that the areas in his brain which control motor activity are under-developed, and that his nervous system has not its normal strength. These very conditions establish danger signals and give the basis for an undue strain which may come sooner or later. I repeat what I said in my paper, namely that we must wait for further developments in the child. Meanwhile, it might be well to give the child the benefit of a change in regimen and opportunities so as to eventually maintain, or re-establish, his equilibrium.



## II.

### THE TRAINING OF TEACHERS FOR BACKWARD AND FEEBLE-MINDED CHILDREN.

By WILL S. MONROE,

State Normal School,

Montclair, N. J.

So far as I know very little is being done for the training of teachers for exceptional children. The normal schools are doing a little and their purposes are good ones. We are in need of an institution for the training of **leaders** to supervise this work. The conditions at the State Normal School, at Montclair, are especially favorable for training such teachers. They have a well established school which may serve as a clinic and I am hoping that some means may be provided by which this institution will do a little research work such as is being done at Columbia University and Chicago University. Massachusetts now requires that in her normal school there should be special training for her teachers of sub-normal children and it is now also being given in the ordinary normal schools.

For fourteen years I have given such courses. My own immediate purpose for the organizing of such courses is, in the first place, to arouse a sympathetic interest in such children, and to overcome wide-spread prejudice. I find it difficult to get parents to send their children to special institutions. Yet, it is well known that defective children should be sent not later than the eighth year. After the twelfth year very little can be done for them. In many cases where they are segregated and sent to special institutions they are thereby brought into contact with specialists who understand them.

Of course, in ordinary school instruction they gain very little indeed. One boy in the public schools had been for three years in the third grade. He finally came in contact with a teacher who understood his condition and had him examined. The boy was found to be feeble-minded and his speech was deficient. An operation was performed and he was sent to a feeble-minded institution. Such an example, it seems to me, is one of the main reasons why in all our normal schools teachers should learn to know these cases.

Our public schools seem forced to treat many **borderland** cases. Many parents are unable to send their children to private institutions. These children must, then, be handled



by public school teachers and these teachers should know something about it. They must understand which subjects these children take with the greatest ease.

The defective must be segregated. The medical inspector must come to the school, but the teacher herself must call attention to a doubtful case because the parents do not see the defects. Many parents mean well enough; but take, for example, the case of a certain child I have in mind where the teacher had decided that he was feeble-minded and the superintendent thought so too. Yet, I could not convince the parents of the child that he was different from normal children. They admitted that all their children differed from one another, but it took a long time to make them realize that this boy was so different as to be defective. The child was finally sent to a feeble-minded school.

I repeat, then, that teachers themselves need some intelligent instruction. I believe that all those who are to become teachers of such children should be trained in a normal school for this work.

Some years ago I sent out a few of my students when a philanthropic society in Boston sent a number of defective children into the country for the summer and several persons were needed to accompany them to give instruction. The need for such teachers is constant. But unless they go with some of the missionary spirit they will not care to remain in such work as there are tremendous difficulties to meet, and without this spirit one becomes very discouraged. The strain upon the physical condition is very much greater than in ordinary work. The cities that are organizing such classes must offer much larger salaries because of the wear and tear upon the health. My own students have gone to blind schools more than to those for the feeble-minded.

As to the line of work which I present. I first take up the subject in general. I have six leading topics which I take up in my classes: such as backwardness, defective eyesight, nervousness, truancy, etc. This work is done very largely by means of lectures, readings and conferences. We need a clinic more than anything else. I have always been able to take my class to the deaf school at North Hampton and we were always welcome. The institution received us gladly and we always spent one day there. We also had a truant school to visit. While we never got very much light from it, we always spent another day at this school. Unfortunately, the school for the feeble-minded was so far away that we could not get there. But I find that the institutions are very friendly and they are always glad to give us an afternoon.



As far as possible we do field work, but this is extremely difficult.

I may say that the public schools in New York City might to some extent be used as clinics. In our own work, we are very largely confined to the leading topics of the subject. We take up the classification of defects. We take up the extent of feeble-mindedness. Next we take up the causes of mental defects. This we follow by a study of the physical character of the mental defects. Then we take up the size of the skull; the mental characteristics and speech defects of the feeble-minded; the care and training of backward children, etc. But from the very start I desire to bring to the attention of my students that it is absolutely useless to attempt to do any work for the feeble-minded unless they are interested in it. Then, also, I want them to know something of the work that the special schools are doing. I say to my students that they must have the right view-point from the first in reference to these children. But the brief three months' course which we devote to this special study does not make them fit to organize special classes. They must be still further trained so that they may be able to become organizers of such work, developing it practically in the school system so that then in turn they may organize training schools for those who are to teach the defective. To repeat my first assertion, we are in need of an institution for the training of leaders for the education of teachers who are to cope with the exceptional child, and it is this need which must first be met before we can successfully undertake the important problem of the education of the special child by specially trained teachers.

#### DISCUSSION.

##### DEAN BALLIET.

New York State hopes to establish such an institution before long. A large tract has been bought at Haverstraw, and it is hoped that an institution will be organized with a training school under ideal conditions. This is not publicly announced but I happen to know the plans are being formed for it. This University also is giving courses on backward and exceptional children. Dr. Groszmann was one of our lecturers one year. The course is for the benefit of those who are already engaged in the work. Its aim is not to give complete training but to supplement the training of those who have had some experience in teaching this class. Probably next year we will have a clinic.



### III.

## ETHNIC FACTORS IN EDUCATION.

By MAURICE FISHBERG, M.D.

New York, N. Y.

In these days of universal school system the difficulties of the educator have increased enormously. The manifold causes which are operative in the success or failure of the teacher enumerated in pedagogical literature almost invariably include ethnic factors with which the teacher is said to have to cope in his attempts to educate the citizen of the near future. Especially is this the case in the industrial centers of the United States where races from all parts of the habitable globe have come and made their home. Under our compulsory education laws the immigrant's children must be assimilated in the public schools if we are to make sure of avoiding the troubles of European countries in which the various races constitute a polyglot population and are a constant source of annoyance to good government. For this and many other reasons the ethnic or racial factor in education is worthy of consideration by an association for the study and education of exceptional children, and I am grateful to the president of this body for his invitation to address you on this subject.

The term "race" has been very much abused, especially by those who spoke of the aptitude for education of the different divisions of mankind. In this regard many have spoken of "inferior" as compared with "superior" or even "noble" races. The fact is that all the evidence accumulated by anthropologists during the last century has failed to determine a sharp line of demarkation between white, black, yellow and red races of mankind, excepting of course that of pigmentation or color. Moreover, when we consider those organs which are known to preside over the mental development of Man, the nervous system, we do not know of any morphological peculiarities which can only be found in one division of mankind and are lacking in another. Thus, while it is probably true that the average weight of the negro brain is short by a few ounces when compared with the average weight of the brain of the white man, yet it must be conceded that this by no means brands him as inferior. The average weight of the white woman's brain is also below that of the white man's brain, still very few will agree that woman as a human being is inferior. But even this difference in favor of the white man is not yet an established fact.



While scientific literature contains data about 15,000 brains examined we have observations of but several hundred negro brains. Some series in fact show that the average weight is about the same in the negro or the white man. Furthermore, it appears from all available data that about sixty per cent. of white people have brains which are not larger than the average negro brain, while about thirty per cent. have even smaller brains. To be sure, extremely large brains are more often found in white men, while extremely small brains are more often encountered in negroes. But the bulk of the population of the both these divisions of mankind show but a slight difference, if any. If we agree that brain weight and intellectual capacity go hand in hand, which has not yet been proven, we might anticipate, as has repeatedly been pointed out by Professor Franz Boas, a lack of men of high genius among the colored people, but we can not anticipate that the bulk of the negroes should prove inferior in their potential capacities for education provided of course they are given an equal chance to develop their faculties.

The suggestion made by some that it is not necessarily the weight of the brain which is the sole determining factor in the mental evolution of humanity, but that the structure, the convolutions, the amount of grey matter, etc., are of more importance in this regard, may be true. But then it must be borne in mind that anatomically or morphologically there are no distinctive racial differences in the brains of different races of mankind. In other words, there are no morphological traits which are found while examining the brain of a person of one race, but never found in the brain of a person of another race. No anatomist can tell with certainty by carefully examining a brain whether it is derived from a white, black, yellow or red man. On the whole, at the present state of our knowledge of brain anatomy, we know very little about the morphology of the brain from the anthropological standpoint.

When the teacher inquires whether the differences in the aptitude for education observed in different peoples have an ethnic basis, there is but one answer, namely: From the study of the mental traits of the various races of mankind no differences could be elicited. Perhaps because of the slightly inferior weight of the negro brain fewer geniuses, recognized and unrecognized, may be expected among the colored people. I say "perhaps," because even this has not yet been proven. We have not yet given the colored races the same opportunities in life as we have taken for ourselves. But we must bear in mind that only a hundred years ago it was



thought that the negro is doomed to remain a savage and will never be able to uplift himself even as far as learning to read and write. About eighty years ago John C. Calhoun said that if he met with a negro adept in Greek syntax he would concede that the negro is also a human being and ought to be treated as such. We know now many negroes who are excellent Greek scholars, but down in Carolina where Calhoun lived they still treat the negroes as if they were no human beings. That they can master the elementary branches and much more is now conceded by all. Indeed, an illiterate negro is considered today everywhere as one who has for one reason or another been denied an education, and not because he has a black skin.

Many have considered the autochthonous races of Australia as a yet lower grade of humanity than the African negro. The first settlers have repeatedly and unhesitatingly declared that they can never be educated. This was mainly due to the fact that the white colonists were themselves not of a high order of intellect, and being unable to understand the language of the natives, they misjudged them. But it is now generally well known that many Australian blacks have been fairly well educated and that their potentialities in this direction are on a level, and they fully hold their own, with their white school fellows. This has repeatedly been attested by such authorities on Australian races as Walter Roth, Baldwin, Spencer, Gillen and Creed and is at present not questioned by any one who knows conditions on that continent.

Some educators have maintained that not only are the colored races a problem to the teacher, but that in our large cities the cosmopolitan population, made up of the various white races and nationalities, presenting different peculiarities, all ascribed to that vague term "temperament," has increased the difficulties of the teacher. That there is little in this will be agreed by those teachers who have had opportunities to teach in various parts of the city of New York, or Chicago, Boston, etc. Eliminating for the present special causes, the results attained by competent teachers in the average class room is about the same if social and economic conditions are taken into consideration. Indeed, the teacher who can not show the same salutary results with Irish, Italian, Bohemian, Scotch, Jewish and Chinese children, as with American children must blame himself and not attribute his failure to race influences. One illustration will suffice to make this point clear: Newspaper and magazine writers, settlement workers as well as teachers have often commented



on the fact that the immigrant Jewish children in the east side of New York City excell in their studies; some even maintained that the "Jewish race" is superior in this regard. That this is not due to ethnic factors, but is mainly the result of special social conditions both here and abroad in their native homes in eastern Europe is evident from the following facts: The average immigrant Jewish child is more exact and prompt in his attendance than the native child. When we recall that its parents, especially the mother, are invariably sober and devoted to their offspring, anxious to give them an education which was denied them in the native country, we suspect that it's not necessarily an inherent thirst for knowledge which brings this about. Among the poor of other creeds children are often neglected because their parents through shiftlessness or even drunkenness are not in condition to prepare their youngsters for school, and this is perhaps the most important cause of lateness or absences. Then it must be borne in mind that the Jewish immigrant child only rarely indulges in the various games and sports of childhood which take away others from long and assiduous home study and reading. As a matter of fact Jewish children who in recent years have taken to games and sports are generally inferior as pupils, though superior physically. For the same reason the differences between the immigrant Jewish child as compared with his native American coreligionist are striking. The former is superior in his studies, while the latter excels physically.

Generally speaking the teacher can not reasonably indulge in race theories and ascribe his inability to manage a class to ethnic factors saying that the Latin or southern races are excitable, emotional and occasionally unmanageable by an Anglo-Saxon; that the Jewish child is studious, attentive but careless and untidy in his work. He must remember that while the pupil spends only twenty-five hours weekly in the school room under the influence of uplifting surroundings, he is under the influence of a different, often adverse environment more than five times as long. The traditionally hereditary, but by no means biologically hereditary, habits and customs of life which dominate him outside of school, if judged by the length of exposure alone, are often sufficient to counteract any benefits derived from the teacher's influence, no matter what race the pupil is derived from.

Recent research has shown that the environment has a great influence on the ethnic type. It appears that races transplanted from southern or eastern Europe to New York City change physically in a remarkable manner. My own



investigations prove conclusively that the descendants of immigrants are of superior physical development when compared with their parents or with people of the same race who remained at home. Professor Boas' recent investigations of a very large number of immigrant children in New York City have shown more definitely that nature assimilates the immigrants, adapting them to their new environment. The descendants of the immigrants increase in height and weight, and even their headform approaches in type to that of the native American. The importance of this change can not be overestimated and its significance for the educator is immense. It goes far to show that racial physical characteristics do not survive under the new social and climatic environment of the United States. This is the case with racial traits which before these investigations have been considered stable and persistent, transmitted by heredity under all kind of conditions. But psychic and mental traits have always been known to change with changes in the environment, especially under the influence of education and example. Here then the teacher sees that his mission to assimilate the descendants of the immigrants is much simpler than was once believed. Nature helps him by transforming the descendants of the immigrants physically thus making it an easier task to imbue the average pupil with the American spirit and make him a worthy citizen of the United States.

I am convinced that it is our excellent public school system which is to be given credit for the fact that we have avoided the troubles of many European countries in which several races or nationalities live together. In Germany and Austria there are even today some who believe that a Pole will never learn any other language but Polish, mainly because he is of the Slavonic race. Austrian politicians maintain that the fifteen polyglot nationalities of that empire can never be made to speak German; Russia has used all means, not stopping at massacres, to induce the Jews to forget their mother tongue, Yiddish; still ninety-seven per cent. of them stated at the last census of that country that their language is not Russian. Compare this with conditions in the United States. Here the Pole, the Bohemian, the Italian, the German, the Frenchman, they all do their best to learn English and very few teach their children to read and write any other language. In two generations the bulk of them know of but one mother tongue, English. We have solved the problem of languages and to a great extent of races without coercion, without bloodshed, while European nations have found it im-



possible to attain this end by all cruel means, forgetting that education is more potent in this direction.

In the practical work of the teacher, especially in elementary schools ethnic factors can be left out of consideration.

#### DISCUSSION.

##### DR. FISHBERG.

The United States offers a splendid field for the observation of the effects of racial intermixture on the physical and intellectual qualities of mankind. It has repeatedly been stated that the Mulatto is an inferior being, that he inherits all the vices of the black but none of the virtues of the white. As a matter of fact measurements taken of half-breeds show that they are physically superior, at any rate not inferior, to the races from which they descended. This is a problem worthy of careful investigation but which has, unfortunately, been neglected. Intellectually it has been stated repeatedly that the colored child may succeed in school as well as the white child up to the age of twelve or fourteen and then stop to progress suddenly; in other words, that it remains in the stage of infancy or childhood. Whether this is true is problematical. At all events, it has never been proven. It appears to be due to the fact that during adolescence the human being undergoes a functional change of a physiological nature, which imbues it with a craving for sympathy. This sympathy must be satisfied. The intellect also begins to come to a stage of realization and the child begins to note that he is ostracized by his white school fellows. The tragedy is most acute among mulattoes, who believe they are more white than colored. But the white shun him just as they do the pure negro, while some of the negroes maltreat him as a half-breed. Persecution, abuse and ostracism combine to make an outcast of the unfortunate, and the results are often those which are the usual concomitant of persecution. As I stated this matter deserves careful investigation. But one thing must be borne in mind: We have not yet given the colored races the same chances to progress as we give the whites.

We are so busy with the colored problem that we forget that in Europe the race question assumes quite a different aspect. There the blond Teuton of the north believes that he is superior to the brunette of the south. In Germany the Eugenic movement has certain advocates who believe that inasmuch as the blonds are the superior race, all race improvement must strive to perpetuate the blonds. Some Americans in New England, whose birth rate is so low that there are less children born annually than the number of deaths which take place among them, also decry the fact that they are being replaced by the brunette race. From some writings of these Chauvinists the uninitiated may really be



convinced that their claims are true. But a study of history shows that things are not the way they are represented by those race theorists. The brunettes in southern Europe have contributed to the progress of the arts and sciences much before the northern European blonds; in Asia the brunettes have been ahead of the Europeans, etc.

Mixture of races seems to be important for progress. We do not know of any pure race among civilized peoples. Whether intermixture between whites and colored races will be of advantage for humanity, we do not know. All the available evidence points to it not being harmful. Those who believe differently must prove their contentions. As far as I know they have not done it as yet.



#### IV.

### THE EXCEPTIONAL CHILD AND THE LAW.

By ERNEST K. COULTER,

Clerk of Children's Court,

New York, N. Y.

In the process of social evolution the rights of the child are the last to be recognized. Man has ever been more jealous of property rights than of human rights. There were special laws to protect the dog and horse from cruelty long before any special legislation was enacted to protect the child. In the dog and the horse there was an immediate property value. But the child is at last beginning to come into his own. We stand at the dawn of a great awakening as to the potentialities of the child in our future citizenship. The municipality is finally coming to some realization of the fact that in its children it has a plastic material at hand to do with it as it pleases, according to its treatment of its children its citizens of tomorrow are to be a bulwark or a menace to society.

It is little more than thirty-five years since there were absolutely no effective laws to stay the hand of the parent who would beat his child into a state of insensibility and then throw him out into the street to perish. Then the case of Mary Ellen stirred men out of their centuries of slothful sleep. The brutality that child had suffered had not been so unusual, there had been thousands and hundreds of thousands of Mary Ellens—the unusual feature was that the matter was brought to attention in a manner that shamed the public into action. Then began legislation for the protection and betterment of the condition of children.

To those who are in the Children's Court each day the thought that children in this great city were, less than eight years ago, still being arraigned at the same bar and in company with thugs, drunkards, and the most vicious of the criminal classes, is as startling as the thought that slavery was once legally sanctioned in the United States. The Children's Courts have come as the result of a very recent awakening on the part of the community to a new consciousness of our duty to the child. In the Children's Court there are daily being revealed new responsibilities of the community to the child. Here constantly loom up the sins of the city against its children rather than the sins of the children against the city. Here are revealed in a manner most startling the results of irresponsible immigration, of



inhuman congestion, of living conditions forced on our children to their detriment and often to their destruction. And finally there are those who are seeing beyond property values and claiming for human beings some of the things God intended for their heritage. Owners of lands and tenements would stifle the cry for a more humane and reasonable treatment of children and that cry will not prevail when the State is finally made to see that it is the sufferer. That day is near at hand.

The success of the children's court lies in the individual treatment of the child. These institutions approach closest to their greatest efficiency when each child is dealt with purely in accordance with its individual requirements. The constant aim of the court is to save the child to the home if the home is fit for the child's return. A home must be wretched indeed not to be better than the best institution ever erected—and I care not whether the institution have cottages of marble. It is this new attitude that is responsible for the commitment of only about 1800 children out of the eleven thousand annually arraigned. In the plan of working the saving of the child without commitment the parole system is of inestimable value. Eighty-seven per cent. of all the children released on parole do so well that their commitment is not necessary. All these methods are new. These statements are presented here that there may be some appreciation of the attitude the State is beginning to assume toward the delinquent or neglected child.

In the individual study of the cases of children that come into conflict with the law it becomes more and more apparent that there are those who are victims of conditions, acquired or hereditary, which result in mental disturbances predisposing them to the development of criminal tendencies. These may be regarded as exceptional children. Now, I do not mean to convey the impression that of all the children who violate the law a large percentage are defectives. The percentage of such is indeed small—if we say five we are making most liberal allowance. There are faddists and sentimentalists who would saw the kinks and hammer out the bumps in the head of every other child arraigned. With such so-called "scientists" I have absolutely no sympathy. Many of them have sought to turn the Children's Court into a museum of anatomy. Thus far we have prevented any jimmying into boys' craniums and as long as we have a capable lot of police officers on hand we shall continue to hold the fort against this particular genus of crank.

But I do not mean to belittle a most important field that



is just beginning to open in connection with the study of the delinquent or neglected child. While the number of deficient children who come into conflict with the law, is not large they deserve most careful attention and it is the duty of the State to provide proper treatment for such. We say that the vast majority of children get into trouble with the law not because of any fault of their own, but because of bad environment. If we recognize the truth of that proposition there is all the more reason why we should give the child offender who is a victim of mental deficiency or abnormality more than extraordinary care. If there is any possible way in which the causes of the unusual mental condition can be removed it is plainly the duty of the State to do it. With such cases the time for relief, if curative or meliorating remedies are possible, is in youth and at the first indication of criminal tendencies. The best opportunity for the discovery of cases needing such relief is in the Children's Court where-to such unfortunates naturally drift.

The Children's Court is opening the way for most valuable work in this field. In a report submitted to Mayor Gaynor less than three months ago the attention of the city authorities was called to the need for proper facilities for the treatment of such cases and for an institution for the special care and training of such children. The Court has been fortunate, too, in gaining the co-operation of an eminent specialist in this department, Dr. M. G. Schlapp, of the Cornell Medical School, who now examines every child brought before the court who is suspected of being a victim of such conditions. Dr. Schlapp conducts these examinations at the rooms of the Society for the Prevention of Cruelty to Children where children in custody are detained pending a disposition of their cases in court. There are only two institutions in the State where children suffering from such deficiencies may receive anything approaching the needed treatment. These institutions are almost invariably filled and have long waiting lists. This, most unfortunately, means that it is necessary at times to send such children to ordinary reformatories where no special treatment is provided.

One very recent case may be cited in illustration. A boy aged fifteen, arrested for theft, was sent about two years ago to an institution. It developed that because of mental deficiency it was impossible for him to keep up with any of the classes. He was a total misfit in this reformatory and suffered there in consequence. This boy had been arraigned in the Children's Court four times before his first commitment. He had been out of the reformatory but a few weeks



when he was again arrested for stealing. As the Court realized the futility, so far as the boy's welfare was concerned, of sending him back to the reformatory, he was released on parole and the parents instructed to obtain proper medical attention for him. Within one week he was again caught stealing. In the absence of any proper institution dealing with cases of this character, it was necessary to send the boy back to the institution to which he had originally been committed. Here it is necessary for the State to maintain him at a cost of \$120.00 per year and with absolutely no benefit to the boy.

The intention in this paper is not to deal in technical terminology. I often feel that there is entirely too much reaching after so-called "science" in conferences of this character and not enough dealing with common sense. The writer's experience comes from a personal observation of 70,000 cases of children that have been brought before a single tribunal for violations of law. This probably would qualify him to talk with apparent learning about cretins, cretinoids, microcephalics, macrocephalics, hydrocephalics, and all the rest of the micro-, macro-, and hydro- family, but that sort of nomenclature has never appealed particularly to him. The vast majority of children—and even those who are arrested as offenders, are absolutely normal, if we consider them apart from their environment.

The atypical child has been defined by Dr. Grossmann as one who has never had its chance. Judged by that definition a very large majority of the children who have been found to be juvenile delinquents are atypical. They have been the victims of bad environment rather than of hereditary and mental deficiency or other causes.

Life has been defined as correspondence with environment. There is no place in the world where that definition is better exemplified than in the Children's Court. I assert positively after this near-view of 70,000 cases that it is environment that counts nine-tenths in the whole proposition. I do not mean to say either that the bad environment is confined to the rookeries, it is found often in the palaces.

Dr. Sidis, father of William James Sidis, the 11-year-old Harvard student who lectures to the members of his Faculty on higher mathematics, declares that his son is a prodigy not by birth, but by training.

"Any normal child," says his father, "would make as good a showing if he were given the same training. The trouble is that parents neglect their children—allow them to fritter away their energies, to acquire habits of loose and in-



correct thinking, at the very time when they stand most in need of careful education. It is the first years that count for most, then it is that the child should be taught to observe accurately, to think correctly." I do not know how far Dr. Sidis' theory is correct but I believe firmly that a like care devoted to atypical children would produce favorable results of an equally startling character. The whole proposition is **formation**, not **reformation**.

Every boy's father is not a Dr. Sidis, but his statement again emphasizes the importance of proper environment and wise training for our children.

There have been remarkable examples of atypical children before the Children's Court. For instance there was the boy Richard M—, who was arrested for a most clever series of forgeries. This lad who came out of the West had edited a newspaper when he was eleven years old. Leaving his father's home when he was still in knee breeches he traveled through the country without a cent and no other collateral than his unmitigated nerve. He stopped at the best hotels, and, in this city, put up at the Waldorf-Astoria. He had an interesting interview with Russell Sage and even convinced that sophisticated financier of his integrity and remarkable executive ability. I believe that he induced Mr. Sage to invest in one of his western schemes, which speaks more for the boy's persuasive powers than anything else I could say. After the boy had been convicted of forgery he was committed by our Children's Court to a reformatory institution. The superintendent was told that the boy was always in a state of mental exaltation and he was urged to keep the youngster in the background. He agreed to this course of treatment but I noticed when I attended a Washington's birthday celebration at this institution about three months later that this lad held the centre of the stage as George Washington himself. Within six months he talked himself out of the institution and into a Washington bank. Soon through his shrewdness he learned many details of the business. With this knowledge he made a successful robbery and escaped. Later he was again arrested and sent to a western reformatory. On his release he obtained employment as a traveling salesman and ended a striking career for a boy of eighteen years by committing suicide in a Kansas City hotel. The note he left behind read: "Worry, unhappiness, undeserved condemnation and hatred of doing wrong are the cause."

There are the boys who have morbid cravings for sympathy, who tell most wonderful tales of mothers murdered



by their fathers, of flights from home because of atrocious cruelties, wonderful travels and strange adventures and who for days remain unshaken in their stories. Then there are the youngsters who feign blindness. One youngster who was picked up because of improper guardianship deceived all of the Society's officials for eight days with his gropings and his up-turned eye-balls. All of these cases would undoubtedly come under the classification of exceptional children.

The purpose here has not been to go into lengthy descriptions of children of this class but rather to show that the community is giving more attention than ever before to its children and that barbarous and antiquated methods of treatment of child offenders are at last being replaced by sane and common sense methods and that the Children's Court in its individual treatment of small victims of environment and neglect is in the van of a great movement which at last recognizes that we must begin all great human uplift with the child.

#### DISCUSSION.

##### DEAN BALLIET.

I have attended educational meetings for a good many years, but rarely one so rich in thought and suggestion as this one. I was supposed to get up the program, but to Dr. Grossmann, who is himself a specialist in this line of work, is due the credit of getting together, at such short notice, this array of expert talent. It is an admirable beginning.

##### DR. GROSSMANN.

This has been the first conference of its kind ever held in this country, and in its significance it has been far-reaching and helpful. In fact, we have had for the first time an opportunity of bringing together all the various aspects of the problem of the Exceptional Child—educational, sociological and medical—and this fact in itself marks this conference as unique. The great perspective of this problem has been brought home to us forcefully, and altho the number of people attending was not very large, owing to the short time of advertising this meeting, everyone present was deeply interested in the subject as well as the proceedings.

The conference has shown very distinctly that in dealing with the Exceptional Child, we are not only considering the so-called "defective" children as has been thought by some. The really "defective" children are relatively small in number as far as the



total school population is concerned. But there is a large number of what I have called "atypical" and "psuedo-atypical" children from whose ranks come the leaders as well as the misleaders of society. What Mr. Coulter has said is extremely illuminating. He pointed out very clearly that the "defective" child forms a very small percentage of the criminals. Yet, it is interesting to study the inmates of the reformatories. There are many imbeciles and epileptics to be found in those places which shows very clearly that many so-called criminals are not morally responsible and don't know what they are doing. The epileptics should be classed among the defective; but many of the others are "abnormal" in the sense which my Tentative Classification suggests.

It becomes clearer every day that we must avoid obscurity in classification. It is necessary to agree on the meaning of terms. There are also normal children who may find their way into penal institutions, those who are handicapped by certain conditions. It is just the atypical group of children that may either drift into derallment or develop power. It is a matter of balance of potentials, and of conditions which may determine the direction of the current.

It must be admitted that the class of the feeble-minded is still a great problem. There are a great many who have not been taken care of. We must segregate them so that they do not become burdens to society. But many are being classed as feeble-minded who are not anything of the kind, but who are simply misunderstood and mistreated and allowed to drift into conditions from which they might have been saved. Let us understand that the feeble-minded proper as well as all the low grades of exceptional development form only a part, and perhaps a small part, of the general problem of the Exceptional Child, which embraces all grades and kinds of exceptional development, from the genius down to the idiot and criminal.

I wish to express my own personal gratitude to the speakers and workers of this conference which meant a great deal to the work of the Association which called it, and to me personally whose privilege it has been to broach the subject in its totality. Everybody contributed much to the illumination of the problem.

May I be permitted to repeat the words of the presiding officer, Dean Balliet, and of Supt. Hervey, of Malden, Mass., who stated to me that they had never before attended a conference so fruitful and inspiring like this? In view of the fact that I have been for a period of ten years striving to have this particular point of view which this conference presented, recognized and made a basis of a fuller recognition of the problem, these statements were very gratifying. Our work has been greatly misunderstood and it is therefore encouraging that at last the real significance of



its purpose is appreciated. And if all of us who have attended this conference will emphasize the full perspective of the problem wherever they go and have an opportunity to do their own work, we may look forward to splendid results.



# **Tentative Classification of Exceptional Children**

**Suggested by Maximilian F. E. Grasmann, Ph. D.**

**May, 1919**

## **A. NORMAL CHILDREN.**

(Those who are in accord with the norm, or standard, of human nature).

### **1. Typical Children.**

(Those who conform to the average human type, representing the present stage of civilization.)

### **2. Pseudo-atypical Children.**

(Those who only seemingly deviate from the average human type.)

#### **a. Children Whose Progress in School was Hindered by:**

1. Change of schools;
2. Slower rate of development, without atypical retardation;
3. Temporary illness;
4. Slight physical difficulties, such as lameness and minor deformities, slightly impaired vision and hearing, adenoid vegetations, etc. This last class is similar to Group 2, of the Pathological Classes, Sub-normal Group; only that it represents retarded instead of arrested development.

#### **b. Children of Unusually Rapid Development, without genuine (pathological) precocity.**

#### **c. Children Who are Difficult of Management.**

Naughty, troublesome, spoiled children, without genuine perversity.

#### **d. Neglected Children.**

**Pseudo-atypical children may be rapidly restored to normal equilibrium.**

### **3. Atypical Children Proper.**

(Those who deviate from the average human type.)  
Hereditary, congenital, and environmental causes.

#### **a. Neurotic and Neurasthenic Children.**

Over-stimulation and precocity. Irritability. Excessive imagination and lack of mental and emotional poise. Hysteria. Lack of concentration. Negativism. Contrariness. Perverse tendencies. Sexual precocity. Fears and obsessions. Defective inhibition. Tic. Motor disturbances. Vasomotor, sensory, and trophic disturbances.



**b. Children of Pathologically Retarded Development.**

Impaired conceptual ability due to retarded brain development. Physiological retardation of growth rate. Special physical causes: Chronic catarrh, chronic difficulties of nutrition, serious chronic affections of vision and hearing, venereal infection, etc.

Any of these classes, thru neglect or adverse environmental influences, may drop down in the scale of development, into lower classes. In other words, the individuals composing them, may lose their normal characteristics and degenerate into permanent defectiveness. It is a matter of potentials and their direction. On the other hand, having the normal potentials, atypical and pseudo-atypical children may be restored to normal equilibrium.

**B. SUBNORMAL CHILDREN.**

(Those whose potentials are incomplete, or underdeveloped.)

**1. Defective Children.**

Hereditary and congenital causes.

Epileptics, blind, deaf-and-dumb, deformed, paralytics, crippled, etc.

These children can never attain the perfect norm of human nature, as their potentials are incomplete.

**2. Children of Arrested Development.**

(Acquired abnormality or defectiveness.)

**a. Pathological Classes.**

Children born apparently normal, but having their development checked by:

1. Hereditary causes, manifesting themselves at certain developmental periods;
2. Special causes, as diseases, fright, accidents, etc.

The arrest of development may be only partial, as in the case of children deformed by accident; then, there will be mainly a condition of incompleteness, as in Group 1, Defective Children.

**b. Submerged Classes.**

Environmental influences have prevented them from attaining full maturity.

Children of arrested development will remain essentially subnormal, no matter how well they may be educated within their limits.

**3. Children of Rudimentary or Atavistic Development.**

The primitive type, representing mental, moral and social instincts and activities on the savage, barbarian, or generally uncivilized level.

Primitive races.

Atavistic individuals. These approach the abnormal level. They represent a reversion of instincts and capacities in spite of being born from apparently normal parents.

**GROUPS A AND B CONSTITUTE HUMAN SOCIETY**



**C. ABNORMAL CHILDREN.**

(Those who deviate from the norm, or standard, of human nature.)

Hereditary and congenital causes.

Cretins, cretinoids; microcephalics, macrocephalics, hydrocephalics; idiots, idio-imbeciles, imbeciles and feeble-minded; insane; criminals; moral imbeciles and moral perverts.

Abnormal children stand outside of human society and require custodial or institutional care permanently.

•

**DEFINITIONS.**

(Standard Dictionary).

**Norm:** A rule or authoritative standard.

**Normal:** According to an established law or principle; conformed to a type or standard; regular or natural.

**Abnormal:** Deviating from the natural structure, condition, or course; unnatural.

**Type:** One of a class or group of objects that embodies the characteristic of the group or class; an example, model, representative, or pattern, as of an age, a school, or a stage of civilization.

**Typical:** Having the nature or character of a type.



## Table of Contents

	Page
Foreword . . . . .	v-vii
Dedicatory Address . . . . .	1
Presentation of a Set of Resolutions . . . . .	3
By S. WILLIAM BRISCOE.	
Address by a Former Pupil . . . . .	5
By MISS PAULA MATZNER.	
Address by a Plainfield Citizen . . . . .	6
By HON. WILLIAM NEWCORN.	
Address . . . . .	8
By MAXIMILIAN P. E. GROSZMANN.	
The History and Aims of the National Association for the Study and Education of Exceptional Children . . . . .	13
By FRANZ J. A. TOREK.	
What is Being Done in the Public Schools of New York City in the Training of Exceptional Children . . . . .	18
By ANDREW W. EDSON.	
The Problem of Defective Pupils in Regular Schools, Pub- lic and Private . . . . .	24
By MILLEDGE L. BONHAM, Jr.	
Why Should the Exceptional Child Receive Training Suited to Its Needs at Public Expense? . . . . .	31
By M. NEUSTAEDTER.	
Oral Defects a Great Hindrance in the Proper Development of Children; the State's Duty to Cope with these Conditions . . . . .	34
By ARTHUR ZENTLER.	
Remarks on the Education of Exceptional Children . . . . .	41
By H. H. HORNE.	
Biological Variation in the Higher Cerebral Centers Caus- ing Retardation . . . . .	45
By E. BOSWORTH MCCREADY.	
Types of Congenital Symbol Amblyopia . . . . .	54
By J. HERBERT CLAIBORNE.	



Genesis of Hysterical States in Childhood, and Their Relation to Fears and Obsessions . . . . .	61
By TOM A. WILLIAMS.	
The Differences Between Anatomic, Physiological, Psychological and Chronological Age as Causes of Derailment . . . . .	70
By C. WARD CRAMPTON.	
Hereditary and Congenital Causes of Exceptional Development . . . . .	76
By E. LIVINGSTON HUNT.	
The Influence of Education and Environment upon the Early Development of the Exceptional Child . . . . .	86
By S. PHILIP GOODHART.	
The Value of Prophylaxis in the Early Life of the Exceptional Child . . . . .	98
By SIDNEY V. HAAS.	
The Exceptionally Bright Child . . . . .	103
By MAXIMILIAN P. E. GROSZMANN.	
The Training of Teachers for Backward and Feeble-Minded Children . . . . .	114
By WILL S. MONROE.	
Ethnic Factors in Education . . . . .	117
By MAURICE FISHBERG.	
The Exceptional Child and the Law . . . . .	124
By ERNEST K. COULTER.	
Tentative Classification of Exceptional Children . . . . .	132
Addenda . . . . .	137



# **Addenda**

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## **Excerpts from the By-Laws**

1. Any person may become an annual member, annual patron, life patron, donor or founder of the Association by written application to and acceptance by the Board of Trustees.

2. Each regularly admitted **annual member** shall pay to the treasurer of the Association during January of each year as a donation towards the pecuniary needs of the Association at least one dollar (\$1). Such annual member shall be entitled to all the rights and privileges granted to the patrons, etc., of the Association, **except the right to vote for trustees.**

3. Each regularly admitted **annual patron** shall pay to the treasurer of the Association during January of each year as a donation towards the pecuniary needs of the Association at least ten dollars (\$10).

4. Each regularly admitted **life patron** shall pay to the treasurer of the Association at least one hundred dollars (\$100).

5. Each regularly admitted **donor** shall pay to the treasurer of the Association sufficient funds to establish a scholarship for one year.

6. Each regularly admitted **founder** shall pay to the treasurer of the Association at least five thousand dollars (\$5,000) in one sum.

8. A meeting of the members, patrons, etc., of the Association shall be held during April in each year for the purpose of electing trustees, and for the transaction of any other business which may become necessary.

12. At all meetings of the members, patrons, etc., of the Association, each member (except as stipulated in paragraph 2 of this article,) patron, etc., shall have one vote and may cast one ballot in person or by proxy.



## **Donations**

Donations of every kind will be gratefully received. It should be borne in mind that this Association is of eleemosynary character, and that the proportion of income from persons who pay in full for services rendered is small compared to the amount of expenses involved. It is therefore necessary that we seek the aid of philanthropists or others benevolently inclined. This Association seeks not only to help the children of poor parents, but it also endeavors to conduct scientific research for which no direct income can be collected. The results of all investigations are for the public good, and we may justly say that in the past much good has been done through these efforts.

The following forms of funds are now necessary:

- a. Endowments for buildings, laboratories and their equipment, purchase of "Watchung Crest," etc.
- b. Clearance of present deficit, repairs and improvements of buildings, etc.
- c. Fund by way of scholarships for poor children.

## **FORM OF BEQUEST**

I do give and bequeath to the National Association for the Study and Education of Exceptional Children, located at "Watchung Crest," Township of North Plainfield, Somerset County, N. J., the sum of.....Dollars and the receipt of the President and Treasurer shall be sufficient receipt and acknowledgment for my executors.

## **APPLICATION FOR MEMBERSHIP**

I hereby make application to be elected Annual Member,\* Annual Patron, Life Patron, Donor, Founder, of the National Association for the Study and Education of Exceptional Children and in accordance with the by-laws of the said Association for such membership I promise to pay into its treasury the sum of.....Dollars.

\*Underline choice.



## Publications issued by N. A. S. E. E. C.

### **The Treatment of Defectives—**

By Maximilian P. E. Groszmann, Pd.D. (Reprint from N. Y. Med. Jr., Feb. 1, 1902) Out of print.

### **Die Berücksichtigung der kindlichen Eigenart—**

By Dr. Wilhelm Müller and Prof. Robert Metzger. (Reprint from N. Y. Staatszeitung, Mar. 23, 1902) Out of Print.

### **The Position of the Atypical Child—**

By Waldemar H. Groszmann. (Reprint from The Jr. of Nervous and Mental Disease, July, 1906).

### **Das Problem des atypischen Kindes—**

By Maximilian P. E. Groszmann, Pd.D. (Reprint from Verhandlungen des Deutschen Gesellig-wissenschaftlichen Vereins von New York, Neue Folge, XIV. Jahrgang, Nos. 5 and 6, 1904) Out of print.

### **The Training of the Mentally and Morally Defective Child—**

By Maximilian P. E. Groszmann, Pd.D. (Reprint from The Bulletin of the American Academy of Medicine, Oct., 1906) Out of print.

### **The Atypical Child,—Its Instincts and Moral Status—**

By Waldemar H. Groszmann. (Reprint from The Bulletin of the American Academy of Medicine, April, 1907) Out of print.

### **Industries and Civilization—**

(Reprint from the Plainfield Courier-News, Feb. 25, 1908)

### **The Exceptional Child—**

By Dr. Maximilian P. E. Groszmann, Pd.D. (Reprint from The Evening Post, Nov. 23, 1907)

### **Special Report by Groszmann School, Inc.—**

April 1, 1907.

### **Some Phases of Eccentric Mentality in Children—**

By Maximilian P. E. Groszmann, Pd.D. (Reprint from Education, Oct., 1907) Out of print.

### **Tentative Classification of Exceptional Children—**

By Maximilian P. E. Groszmann, Pd.D. May, 1909.

### **Annual Report of the Third Fiscal Year of the N. A. S. E. E. C.—**

Feb., 1908.

### **Dr. Maximilian P. E. Groszmann und sein Werk—**

(Reprint from New Yorker Echo, Oct. 31, 1908)



**How to Dispose of Exceptional Children—**

By Maximilian P. E. Groszmann, Pd.D. (Reprint from School Exchange, Oct., 1908)

**Mid-Year Statement of the N. A. S. E. E. C.—**

Sept. 1, 1909. Out of print.

**Classification of Exceptional Children as a Guide in Determining Segregation—**

By Maximilian P. E. Groszmann, Pd.D. (Reprint from The Bulletin of the American Academy of Medicine, Oct., 1909)

**Catalogs of The Groszmann School for Nervous and Atypical Children—**

1903, 1905, 1907, 1908, 1909. (Containing first survey and presentation of the problem of the nervous and atypical child)

**What Consideration Should be Given to Subnormal Pupils?—**

By Maximilian P. E. Groszmann, Pd.D. (Reprint from Proceedings of the Department of Superintendence of the National Education Association, March, 1910)

**Report for the Fifth Fiscal Year, N. A. S. E. E. C.—**

April, 1910.

Other Articles, etc., are in the printer's hands.

For further information address

SECRETARY N. A. S. E. E. C.,

"Watchung Crest," Plainfield, N. J.



## **National Association for the Study and Education of Exceptional Children**

**An Incorporated Society, Not for Pecuniary Profit, and Devoted to the  
Promotion of a National Movement for the Solution of the  
the Problem of the Exceptional Child**

**It Maintains :**

a. The Groszmann School for Nervous and Atypical Children, Maximilian P. E. Groszmann, Pd.D., Director. (Feeble-minded, insane, epileptic or otherwise clearly abnormal children are not accepted).

b. Practical Course for Teachers of Exceptional Children.

c. Physiological and Psychological Laboratory—Devoted to research on the problem of the exceptional child.

d. Publicity Bureau—For the distribution of literature on society proceedings and scientific monographs.

**For further information address**

**SECRETARY N. A. S. E. E. C.,**

**"Watchung Crest," Plainfield, N. J.**









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National Association for the Study and Education  
of Exceptional Children

# Proceedings

of the Second Annual Conference on  
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tional Child



December First and Second  
Nineteen Hundred Eleven

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**BY NATIONAL ASSOCIATION FOR THE STUDY AND**  
**EDUCATION OF EXCEPTIONAL CHILDREN**

**Courier-News Job Print**  
**Plainfield, N. J.**



## Foreword

This series of meetings is the second of regular conferences held annually under the auspices of the National Association for the Study and Education of Exceptional Children. As its name indicates, this Society undertakes the thoro investigation and study of exceptional development in childhood. While much has been done for the feeble-minded, degenerate, radically defective, etc., this Society has contributed valuable suggestions for the treatment of all those children who are neither "normal," so-called, nor feeble-minded or otherwise clearly abnormal. It is the **handicapped normal child, the misfit in society, the unfortunate child, the misunderstood child**, for whom most can be done, and whom it pays society best to educate. Such children, thru neglect or wrong education, will help to swell the ranks of the abnormal, inefficient and disturbing elements in our present-day civilization as they grow up. It has been demonstrated that thru proper education a large majority of them can be restored to normal manhood or womanhood.

The following statements may assist in a better valuation of the aims and the work of the Association:

A. Altho lack of funds has prevented the Association from developing its various activities to their full extent, the work already accomplished has been effective in many ways, and has had encouraging results and success, also in the direction of public enlightenment and organization. It has won the appreciation of educational, medical and social workers in this country and abroad, and is recognized as pioneer work leading in the right direction, and focussing all endeavors in the interest of the child and of social betterment, giving to each special effort its proper perspective and place.

B. Acknowledging the excellent work which has been done by those who have been studying and training that special group of exceptional children known as feeble-minded and imbecile, this Association has approached the problem of exceptional development from the **opposite end**, namely, from the point of view of the normal, or potentially normal, child, as representing an **actual, positive asset in human society**.

C. In doing this, this Association has endeavored to elaborate a suitable and scientifically tenable **classification**



and **terminology** which would enable students of this problem to understand the different types of exceptional development in their true perspective. It is only in this manner that even the problem of the feeble-minded and generally abnormal child can be rightly formulated.

D. While it is perfectly evident that sufficient provisions must be made for truly abnormal children, as their presence in society constitutes a constant danger, it is obvious that it is even more important to save the **potentially normal** child from sliding downward in the scale of development, on account of preventable handicaps, and from becoming a fixed charge on the community. And while the percentage of the strictly **abnormal** children is small, certainly not exceeding 3 per cent. of the entire school population (or about 500,000 individuals), the number of **atypical** and **subnormal** children is very large, so that 25 per cent. (or five million individuals) would be a conservative estimate.

It must be clearly understood that this large class of children, if not saved for constructive activity within their social setting, is in danger of becoming a destructive force in society. It is the purpose of this Association to evolve methods by which this **human waste** can be avoided, just as modern processes of manufacture and industry have led to saving what was formerly waste material and what is now often turned into products more valuable than the original object of production.



# **Topics of Conference**

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## **I.**

**Causes of Exceptional Development in  
Children**

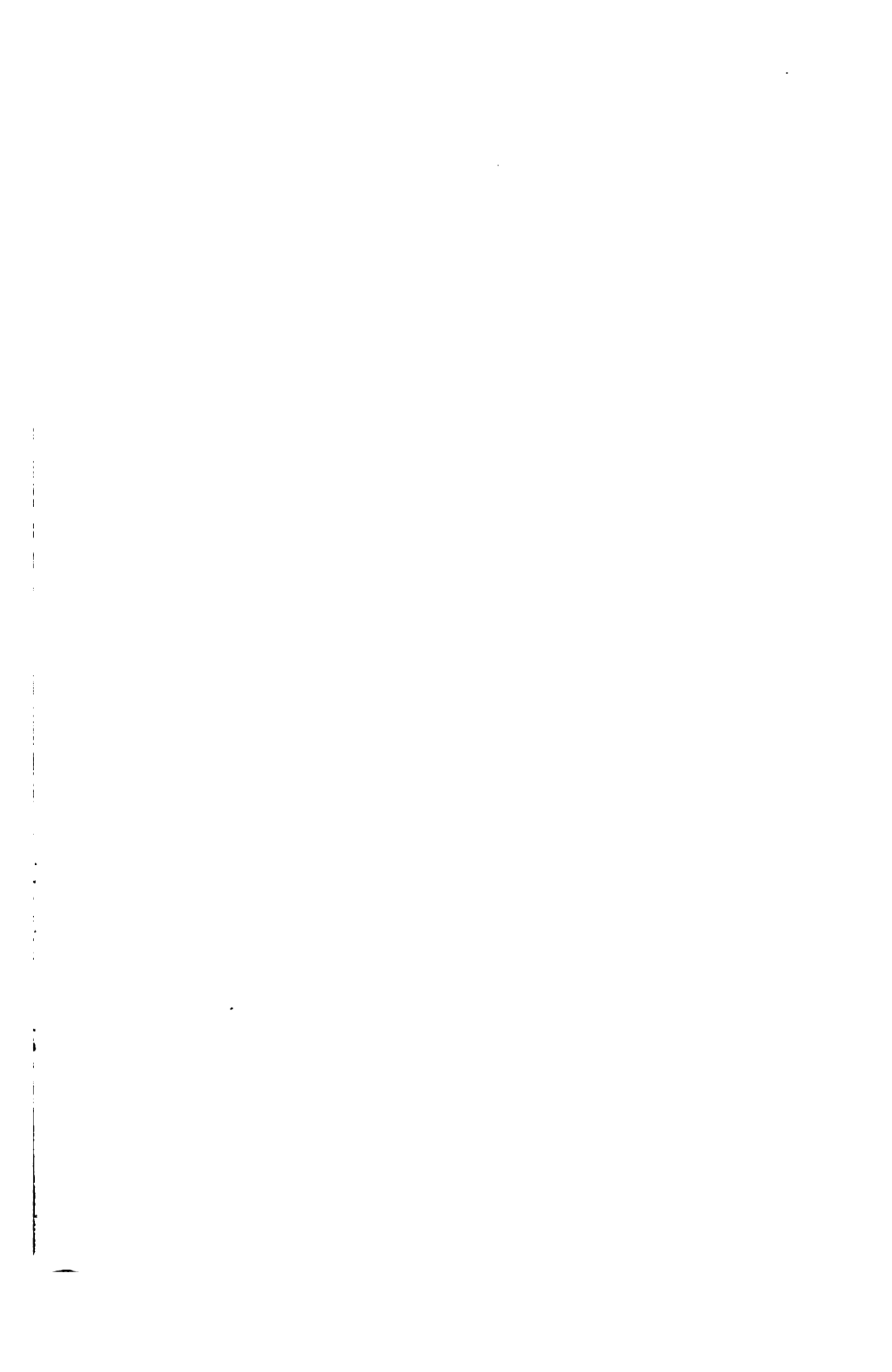
## **II.**

**Educational Needs of the Various Kinds  
of Exceptional Children**

## **III.**

**The Exceptional Child as a Social  
Problem**







**FRIDAY, DECEMBER FIRST, 1911**

**First Session**

**9.30 A. M.**



**PRESIDING OFFICER**

**A. EMIL SCHMITT, M. D., President**

**HELD AT THE**

**Assembly Hall**

**OF THE**

**SCHOOL OF PEDAGOGY, NEW YORK UNIVERSITY  
NEW YORK CITY**



**The President opened the Conference with  
the following words :**

"It is indeed a pleasure to me to welcome you to this Conference, for, as the papers and discussions will show, you will have an opportunity to learn more about those children who may at first be handicapped in various ways, but who can be developed into practically normal individuals if properly understood and handled. We want you to become leaders in the fight in behalf of the redeemable child.

"The conception that children who at present are 'misfits' may be converted into normal men and women is a recent development, for it is only too commonly supposed nowadays that every child who is not normal must of necessity be abnormal,—and by abnormal, people mean feeble-minded or otherwise degenerate. Yet, this is a most woeful misconception. While, naturally, there are radically defective children, they exist in relatively small numbers. There is a very large class of children, however, whose handicaps prevent them from being considered strictly normal. With misunderstanding and abuse their future will be dark. With sympathy and understanding their future will be bright.

"This Conference is a plea for the redeemable child,—the child who can be saved from a miserable future for society and for himself, if we only do our duty. We are still living in the day when the redeemable child is condemned to misunderstanding and when for him association and training with the degenerate is prescribed. At present, this is due to the ignorance of the public and of professional men. But the day of enlightenment is not distant when such an attitude towards the child who can be saved will be judged as little less than a crime.

"Our Association stands for this enlightenment. The pitiable plight of the redeemable child is the reason for our organization and for this Conference. This is why I feel it a privilege to welcome you so that you may hear of the broader and truer conception of the redeemable child."



I.

**THE NEEDS OF OUR MOVEMENT FOR THE REALIZATION OF ITS AIMS**

By A. EMIL SCHMITT, M. D.

President N. A. S. E. E. C.; Instructor in Operative Surgery,  
Columbia University; Attending Surgeon German  
Hospital, O. P. D.; Medical Advisor  
Ethical Culture School; Etc.

As president of this Association, I extend to the ladies and gentlemen assembled for this second conference on the study and education of the exceptional child a most hearty welcome. Welcome to the educators who have come from far and near to give us the benefit of their experience and to listen to the advice of their confreres and in turn receive new inspiration for their future labors; to the physicians who more and more are realizing that it is also their problem, after attending the birth of a child and advising its mother as to its proper rearing and meeting the problem of its physical defects as they may arise at various stages of its growth, to begin to interest themselves in the peculiarities of the mental growth; also to extend their powers of observation toward other children of the family with whom they may come in contact, and thus seek light on this phase of their patients' development to the extent heretofore given the physical side.

It is the great body of general practitioners whose interest we wish to arouse in this important subject to clarify, with their broad understanding, the overaccentuation given from the specialist's standpoint, be he interested in the eyes, the nose and throat, in speech defects, in dental conditions, in deformities, in nervous and mental disturbances, in stomach and bowel diseases, in the disorders of the reproductive organs, or in disturbances of the internal secretions or what not. It should constantly be borne in mind that if every physical defect has been successfully removed the mental unbalance or deficiency can persist unaltered, inasmuch as it was primarily a mental defect and can be reached only by methods of education or psychologic treatment.

Welcome to the teachers who are having the problem of the exceptional child forced upon them in their routine class work and in their special classes, and who are groping in the realm of pioneer experiences and yearning for light



and assistance in the problem which confronts them. It daily becomes more apparent that the exceptional child should not only receive individual attention, but that the teacher who instructs him should be thoroughly fitted temperamentally and specially trained to be of any value. I should suggest that the principals of our schools, both public and private, should judge the efficiency of these teachers by the results obtained in their pupils rather than arbitrarily to assign them to these special duties. If pupils are required to repeat their grades more than a second or a third time it must be wise to raise the question whether the methods employed by the teacher are not at fault rather than to judge the child purely by its defects. That special training of such teachers is a first desideratum and that methods used in regular classroom instruction are entirely inadequate, is beyond question.

Greetings to the fathers, mothers, guardians or friends who are facing the problem of the exceptional child in their homes; to the intelligent many who feel that the child entrusted to their care is laboring under a disadvantage, which might be overcome, not by criticism and punishment, but with intelligent assistance and guidance, and with a spirit of infinite patience and compassion, with no idea of return in gratitude or appreciation other than in the thought that help was given where needed, and a soul was lifted from mediocrity or an existence of oblivion or degradation to one of normal working or even of brilliance.

I might here give a word of encouragement to those parents and interested friends of mentally afflicted children in the thought that if a child appears dull and backward in childhood he may, with favorable conditions prevailing, blossom into a most worthy and useful member of society in later life, as is evidenced in so many of the great benefactors of mankind, be it in the realm of art, science or philosophy, who were known to be dullards or of mediocre capacity in early childhood. If Nature is given anything approximating favorable conditions, her invariable tendency is to remedy physical ailments. This has been proven time and again, and as example I might mention one condition of which the general public has of late years a more intimate knowledge, namely, tuberculosis. Innumerable autopsies have demonstrated the fact that scarred lung tissue resulting from a previous tubercular infection, possibly dating back many years, had a favorable termination and left the body wholly sound, merely because favorable con-



ditions were presented for Nature to assert herself and to rectify the injurious effects, which, under less favorable conditions, might have led to disaster. So also with the mind, if conditions approximating the normal are afforded, a partially unbalanced mind can be returned to the norm and regain its equipoise, and Nature will thereafter assist along wholesome lines.

At various stages of growth of the human physique we are constantly surprised with the rapidity of development of certain parts of the organism which remained dormant over a longer or shorter period. Thus we can take comfort in the thought that desirable characteristics, which at one time apparently are absent, if given a chance and nurtured, may eventually develop at a later period, as in the case of bodily growth, instead of, as in the other case, becoming neglected and lagging behind. We can follow this thought one step further and conclude that very intensive thought in our young, conducted along wholesome lines, will develop desirable characteristics, as does the frequent functioning of a part of the organism result in its rapid growth. We should encourage intensive thought and concentration in our children in these qualities, by us considered desirable, to raise them to higher standards and greater intelligence.

Welcome to our great American Press, whose assistance we need in spreading information to all these groups of interested persons, and who will assist the Association to present its case to the body of benefactors, who are willing to aid in the cause which is exerting its efforts in relieving palpable conditions surrounding us on all sides, and which readily can be detected in the defects of our young in the home and in our schools, and, being recognized, deserve the best attention and remedies known to us for guiding to better manhood and womanhood those who, if neglected, make up the bulk of our incompetents, incorrigibles, agitators, inmates of our alms houses, of our houses of correction, penal institutions, houses of prostitution, degenerates—in other words, the stratum of the underworld.

Our Association is an organized agency for gathering, assimilating and spreading the acquired knowledge of this great subject of the exceptional child. It should be the clearing house for all the agencies which have the interest of the child at heart, for the educators, the teachers, the probation officers, the staff of juvenile courts, for charitable organizations, for social workers, physicians, for the press and



the public at large, who seek light on this advanced subject and who in turn will give us the benefit of their practical experience. The Association has as its guiding spirit Dr. Grossmann who is a pioneer in the thought of the exceptional child, and whose writings should be read to receive a clear concept of the subject. After a long experience in the education of children in a regular school (Ethical Culture School of New York) he has, for the past eleven years, given his continued thought in this new direction and has developed methods of instruction based on a new viewpoint—that of hidden potentialities in the backward, the overbright and the defective child. Through his effort an institute has been established (Herbart Hall, the experimental school of the Association) for children who have not the advantage of special training in public or private schools, or of trained tutor or nurse in the home, and who can receive the advantages of his teachings in this school. If the parent or guardian recognizes that the personal environment of the home is not a proper one for improving the child's condition, the institute forms the proper domicile and is often the only solution for effecting a desirable result. It should be borne in mind that a residence of years is sometimes required to bring about a desired change, as the brain must be given time to develop along the paths which have been smoothed for it, and that this is more necessary for its mental development than its physical or anatomical.

To sum up the entire question, it is the infinite amount of patience and constant endeavor of the gifted teacher which eventually will bring about desired results, whether undertaken in the home, in the school or in special institutions.

At Herbert Hall individual attention is given each pupil, and the training and education is adapted to individual needs. Herbert Hall is a large building containing the school rooms, gymnasium, work-shops, dormitories and dining hall for the atypical children. There is a special room equipped with instruments, appliances and chemicals. There is a visit once a week of the school physician, who makes a thorough physical examination of each child when it enters the institute, suggests and carries out the correction of physical defects found, and gives attention to all acute and chronic conditions during the residence of the pupil. Consultations with specialists in the various branches of medicine also become necessary, and these specialists are either con-



sulted at their offices or at the institute, as the case may require. Very complete histories are taken of the physical and mental conditions, especial consideration being given to factors of heredity, early childhood, past physical and mental conditions and all extraordinary traits noted before entrance to the institute.

The clinic, which is still a part of the larger building, serves for observation purposes of the borderland cases, which, with the regular methods of examination, cannot be placed immediately or definitely into the group to which they finally belong. Such cases, when given a chance to develop in an environment different from the one they have been living in, and with all physical defects eliminated as far as possible, can, by close observation and study, eventually be classed as true defectives mentally or grouped with the purely atypical.

A pedagogic laboratory has been established in another building near by with an equipment for making the tests as laid down for a thorough psychological examination. Here, too, is contained the beginning of a comprehensive reference library on all subjects bearing on the exceptional child, which is a very essential and helpful requirement.

A comprehensive Index System has been established, giving references to all monographs, articles, periodicals and books bearing in any way, shape or form on the status of the exceptional child.

There are several cottages which serve as residences for the governing staff.

The association grounds are situated high up on a hill to the north of the City of Plainfield, New Jersey, commanding a beautiful view of the hills and surrounding country. This affords a large area for outdoor sports and other forms of recreation, with all the advantages which that entails for children in this condition.

The Association desires to be of assistance to the great body of teachers and physicians throughout our country, as well as to the general public, which is gradually awakening to the importance of this vital topic. The labor entailed in gathering statistics and information and distributing this knowledge is considerable and requires, besides a trained clerical staff, a large equipment of index cards and files. For all this, funds are required.

But a short time ago the newspapers reported that a large foundation was established for the purpose of investigating the great theoretical subject of eugenics, which is



bound to remain to a great degree purely theoretical, but which undoubtedly eventually will enforce reform in the selection of mates, especially from the physical standpoint. After considerable publicity and enlightenment, public opinion will undoubtedly force the raising of its standards in selection. But our Association is dealing with something absolutely palpable, something which now exists, which we can put our hand on and which should command recognition amongst our great philanthropists in order to relieve the situation of meagre support which it hitherto has received.

There is a library which needs a great extension before it contains everything in the form of books, periodicals, etc., bearing on the welfare of the child, and for this purpose a substantial fund should be donated, as has been done for so many movements where a great public need was to be satisfied.

The buildings which now exist should be considerably improved and much enlarged. New buildings ought to be erected to separate dormitories from school, the school from the observation clinic, and the pedagogical laboratory from the library. There should be adequate quarters for the governing and teaching staff, and special quarters for teachers of ungraded classes, who are to be trained in special and most advanced methods for accomplishing the objects for which this society stands. Owing to the highly specialized work and the close individual attention required by each pupil, the present teaching staff is entirely inadequate because of the lack of funds. As Professor Abraham Jacobi had frequently brought forth during his lectures on hospital management, instead of twenty children to but one nurse, there should be twenty nurses for one sick child; so in the institutional management of atypical and defective children there should be, instead of one instructor for a group of children, rather several instructors for each child.

In conclusion, I must state that the work of our Association is thoroughly organized; its ideals are high, and the outlook for correlated activities and the spread along wholesome lines is well understood; but the one necessity for realizing its aims, the one great want, the crying need to carry them all into effect, is the necessity for sufficient funds.



## II.

### THE ETIOLOGICAL FACTORS IN EXCEPTIONAL CHILDREN AND THEIR PREVENTION

By MARCUS NEUSTAEDTER, M. D., Ph. D.

Attending Neurologist, N. Y. Univ. and Bellevue Hospital Medical College Clinic, Bellevue Hospital Out-Patient Department; St. Mark's Hospital Dispensary, etc.

While the tidal wave of humanitarianism has taken due cognizance of the previously neglected physical and mental condition of children, it would seem that hardly anything of importance was done at the same time to lay bare the manifold causes that are essential in the production of the exceptional child. It is true that by proper education of the mind and body of the child we are insuring better generations. Yet it is equally true that by neglecting those who are still producing the exceptional child, we offer no check to the constant influx of this social evil; and it seems necessary to have a thorough discussion of the causes that are responsible for the production of a great many children who come into the world handicapped and either illy prepared or not at all able to take up the duties devolving upon them from the beginning of the school age, through their adolescence and adult life. These unfortunates are not only handicapped themselves, but are a telling burden upon the community in which they live.

It becomes perfectly evident, therefore, that we must turn our attention primarily to the conductions productive of the exceptional child, rather than to the exceptional child itself, and thereby find out means of eradicating the causes, when the evil will naturally abate of itself. By this I mean that we must study the conditions surrounding the parents that are primarily responsible for the nature of their offspring, and it is upon this question that I shall touch in the short paper I am privileged to present to you to-day.

The etiological factors, then, that are responsible for the production of the exceptional child can be divided into two classes:

1. Hereditary.
2. Acquired.

It is an accepted fact that hereditary taints are transmitted from generation to generation, and this is strikingly emphasized in offspring resulting from consanguineous marriages, and thus, if there are any deleterious factors in the



family, these are brought out more prominently and certainly. What ill effects are noted in consanguineous marriages are due to the operation of some hereditary defect which is present in the families of both or either of the parents and this tends towards deterioration of the offspring.

A very potent factor also in the production of handicapped children are marriages contracted either too early or too late in life. Insanity is too often the result of a morbid heredity, and if present in either parent, it will exhibit its influence upon the offspring either as an insanity or some closely allied state of psychosis or other neurosis in later life.

While this does not mean that every offspring resulting from such marriages would be prone to be insane, all or most of them will certainly inherit either a neuropathic or psychopathic constitution upon which under favorable circumstances—and these are too numerous in our highly complicated social fabric—some form of mental deterioration will manifest itself and thereby render the mind decidedly unstable if not exactly insane. This is true when one or both parents are insane as well as when there is insanity in the relations of either parents. In other words, while one does not inherit insanity, a mental instability is certainly inherited just as a physical point of minor resistance. A case in point is the famous Jukes family in New York State—intermarrying only with their degenerate kind, as they did, produced nearly three hundred-odd criminals, paupers, prostitutes and feeble-minded.

This is true also of other manifestations, which, while one could not properly class them as insanities, yet are diseases of the nervous system and manifested in generations of the same family. This holds equally true in inherited physical defects, for while no particular disease, with the possible exception of lues, is propagated to remote generations, a child certainly inherits a tendency in certain tissues to develop a certain disease under favorable circumstances. Such physical disabilities would certainly tend to handicap a child to a certain extent as much as an acquired mental disability. For example, a predisposition to acquired tuberculosis, it is well a known fact, can be and is inherited through generations. Even congenital abnormalities which are entirely consistent with life but which may prove a certain handicap to the individual, may be transmitted and become more or less a feature of a particular family.



In the second class, namely, factors acquired by parents, which tend to deteriorate their offspring, I would include alcoholism, tuberculosis and lues.

While the study of the possible influence of alcoholism has received a great deal of attention, the results have not proved entirely satisfactory. The reason for it is that the subject is one of the deepest human interest and has not always been approached scientifically or with a strict attention to its medical aspect. Investigators of this subject have been greatly influenced by preconceived notions and erroneous impressions, and so their opinions of these unnecessary and unfair factors and conclusions have been distorted by personal feeling, or belief, and the results were, to say the least, inaccurate. I have personally been placed in a rather disagreeable position a few years ago, when I pointed out that the use of alcoholic beverages in about 70% of the backward school children was responsible for their handicap. And you all remember the outcry that was raised against a physician only three years ago who pointed out that 20% of our school children are using alcohol in some form or another. So one can appreciate the predicament into which one is placed when attempting to investigate a condition of alcoholism in parents.

The limited time of which I feel at liberty to avail myself would not permit me to go extensively into the discussion of the experiments with alcohol made by numerous investigators upon animal life, but I can safely say without fear of contradiction that alcohol, even in small quantities frequently used, affects the protoplasm and therefore the entire system. It lessens the absorption of oxygen by the red blood corpuscles and the exhalation of carbon dioxide, thus producing a toxic condition. It not only diminishes our powers of resistance, but favors the growth of many pathogenic organisms. It inhibits to a great extent the metabolic changes in every organ of the body.

The decrease or increase of mental disorders and crimes in a community are shown by statistics to be in direct proportion to the rise and fall of the consumption of alcoholic beverages. It is one of the factors, if not the factor, which produces a lesser resistance in all tissues and exposes our system to the acquirement of the various mental and physical disorders.

I do not believe that alcoholism is directly transmitted by the parent to the offspring, but it has been shown that conceptions in a state of alcoholism have resulted in 50% of



the deaths of the foetus, and those that survived in spite of it have become moral perverts and degenerates.

Since the mother has a greater share in the life and care of the child, therefore, maternal alcoholism is by far the greater danger than the paternal one. It has been proved time and again that the earlier in her pregnancy a woman takes to drink, the more certain will be the debility of her offspring. The sobriety of the father has practically no influence on the mental development of the offspring in the face of a maternal drunkard. Bourneville made a close study of 2,554 children who were classed either as idiots, epileptics or imbeciles, or who suffered from some form of neurosis, and of these he found that 1,053 had an inebriate parentage. In 933 it was paternal; in 80 maternal, and in 40 it was traced to both; 235 were conceived during paternal drunkenness.

Hand in hand with alcoholism in parents come physical deprivations and other factors that would make the surroundings of the parents and children anything but ideal.

We may therefore conclude that parental intemperance, unless it is due to a neurotic heredity, when emphasized by disease or privation, certainly exercises a marked influence upon the nutrition; and there results a mental and a physical degeneration, both in the parents and in the offspring. This is really the cause of idiocy, feeble-mindedness, mental or moral deficiencies.

The other factors which I have mentioned above, namely, tuberculosis and specific infection, which are found to a great extent in alcoholics, are also found in a great many other than of a known alcoholic tendency. That these physical elements are deteriorating the body of their victim, and that such deleterious effects will manifest themselves in the offspring in a lowered mental stability, no one will dispute today. The toxic condition generated in the mother by these deleterious agents certainly exerts an ill effect upon the offspring, and thereby interferes with its perfect development.

The offspring does not inherit tuberculosis, but it does inherit predisposition for that disease.

Of specific infections, we can say that some inherit syphilis, but among those who do inherit the disease, they, as well as others, inherit some form of mental instability, which, under certain conditions in later life, invariably prove a handicap to the children. Not only may these children be handicapped by mental instability, but also by de-



formities or structural weakness, which are frequently so great as to make early death preferable.

From the few instances which I have pointed out, it would seem that if ways and means could be promulgated with a view of minimizing these conditions, we would certainly achieve far better results than by directing our attention solely to the handicapped child. While the problem of educating these parents would appear to be a very indirect one, it seems a simple matter if we would strive to create ideal social conditions for these unfortunates. By this I mean that the wage earners, who are the great bulk of the social organism, should be given a chance to live in ideal homes, as well as making a fairly comfortable living, under ideal conditions, in the factory.

While poverty may not be a shame for a particular individual, it certainly is a shame to the community. By minimizing these choice combinations of degrading influences which we call poverty, we would not only diminish the chances of those born below par from being starved into criminality or distorted into cripples, or overworked and over-crowded and driven into consumption, infected with blindness, or given over to insanity, but also those who are born healthy and normal as well.

Consanguinity in marriage should be restricted by legislation to a far greater extent than is done by any church or creed.

It should be made compulsory for everyone applying for a marriage license to undergo a thorough physical examination by expert observers. Should the applicant exhibit any of the above enumerated affections, he or she should be forbidden to contract marriage.

The appointment of an inebriety commission in our city seems to me a beginning at the wrong end. What we ought to do so is to restrict the sale of liquor by making it a dearly bought luxury. The welfare of our community should be placed above the material interests of the manufacturers of alcoholic beverages. The proprietor of a resort where one is found intoxicated should be severely punished and his license revoked.

The radical method of preventing the birth of criminals and insane is already carried out in some of our communities, namely, sterilization. Sentimental objections have been overcome by the invention of a simple and ingenious operation by which, without any mutilation or loss of structure whatever, any undesirable individual can be absolutely



prevented from sending forth into this world some form of vitiated offspring. The results of this operation have thus far exceeded all expectations. In case of the criminal its wholesome effect is noticed in the improvement of his general nutrition and his mental poise, as it does enable him to obtain a healthy view of life. We may judge the improvement from the statistics on record. As a rule about 25% of criminals released from penal institutions return again, while out of 106 set at liberty after vasectomy only five have been brought back. From the point of sentimentality in these cases that require such radical treatment, there seems to be little or no objection, since out of 700 vasectomies performed full three-quarters fully consented to the operation, and upon many at their own request. Let us sterilize all our existing criminals, feeble-minded persons, habitual drunkards and the incurably insane, and in a comparatively short time the output of the undesirable elements of our society will be materially reduced.

As the production of these unfortunates is not limited to any class of society, but is the result of the outcroppings of vicious and defective tendencies in all ranks and classes, including the highest, where the black sheep of a good family does not come merely by chance, the avoidance of injudicious matings utterly unfit for the propagation of healthy offspring is imperative. A careful promotion by every possible means of fit and suitable matings will, within a few generations, remove these defects in otherwise vigorous, desirable and successful stock.

To any man or woman who finds himself or herself mated to an individual marked with any of the above enumerated defects, a divorce should be promptly granted, for to remain in wedlock with an individual afflicted with an incurable disease of the mind or body is a biological crime and against the best interests of society.

These are most effective and very simple remedies and not at all costly, and if realized by our educators, social workers, physicians and legislators, they would find a very perplexing problem easily solved.



## DISCUSSION

DR. MAXIMILIAN P. E. GROSZMANN:

Not enough time is allowed for a very full discussion, but I should like to say a few words covering part of the field.

In the first place, I should like to add a word of welcome to what has been said by Dr. Schmitt. We do not, and could not for some time to come, expect large audiences at these conferences, for the reason that our work is not spectacular; we make very quiet investigations from certain points of view. The work requires better public understanding before it can become very popular. The audiences at these conferences have, however, shown what great interest exists in these investigations all over the country; interest has been shown also by persons who represent various activities in behalf of social betterment. The Secretary will read a few of the letters received in regard to the conference. The first conference had been called to show what we had been doing, and it was a source of inspiration, awakening and development in many directions.

It has been pointed out clearly that we must not judge cases of difficult or exceptional development in children from the point of view of any particular specialty. This is really one of the great dangers in new developments of this kind. Each specialist thinks that he has a panacea for all evils. For instance, the removal of adenoids was hailed as a wonderful thing, allowing backward children to become normal. That is an extravagant statement. In the newspapers we see sometimes accounts of operations upon the brain, the removal of certain parts which press upon the brain; and these operations are then given the credit of curing the criminal, the feeble-minded, and so on. There may be some truth in these reports, but it is overstated. There is too much of a one-sided point of view; too much of a notion that there is but one method at the bottom of the solution of the problem. We have special classes in public schools and we have institutions for the feeble-minded. Interesting investigations into the causes of blindness in children are being made, and there is now a National Association for the Prevention of Blindness. We have national conferences on child labor and a number of other such efforts which help to educate the public for a better understanding of various phases of our problem. All this is good, and it is necessary; but it lacks one thing—a large perspective and a common point of view. There is not one difficulty but a number of difficulties. No one specialist can solve the problem. There is the problem of diseased conditions; there is the problem of the regulation of marriages and of conditions which tend to produce exceptional children; and many other part-problems, all of which go to make up the one great general problem, a problem with a tremendous perspective. The problem of the underworld has been brought up. The psychology of the underworld has not been written. All these vexing problems illustrate the comprehensiveness of our task. We should organize all the various workers under one common head; and this is the final aim of our own Association: to coordinate all movements in one common work where there is an interchange of opinions and experiences. There would be much



helpfulness in such an organization, and only with such an organization a final solution of the problem can be accomplished.

We should not approach the exceptional child problem from the lower end, from the point of view of the conditions of the feeble-minded, the abnormal and criminal. We are most interested in the redeemable child. If we approach and teach the exceptional children with what I have called the feeble-minded bias, we approach these children wrongly. Consequently teachers who receive training in schools where they study only feeble-minded children will approach the problem in public or private schools with prejudice. They see the children in the wrong light. There will be the tendency to class the children as lower than they really are. We must start from the point of view of the normal child, finding out first how much is normal in them and then how much remains abnormal. We must avoid getting the whole problem confused and obscured. In the paper which I will read this evening I will take occasion to point out a few grave mistakes that are being made by friends of the feeble-minded child. For example: The statement has been made that it is difficult—yes, almost impossible, to make a distinction between the backward and the feeble-minded child. It has also been stated that most of the backward children are really feeble-minded. These statements are not true. What I want to lay particular emphasis on is this: that a large percentage of children is handicapped, and even endangered, falling by the wayside, who are not feeble-minded and not abnormal. Many of them can be saved for useful citizenship. This is a point of view which needs to be emphasized. The need of prevention is one which enters largely into this discussion, the prevention of bringing into this world the defective, exceptional, abnormal, atypical child, the blind, the deaf, the cripple. We should regulate marriages; and there are other factors which should be regulated. We do not yet entirely understand the problems confronting us; we have only begun to study them, and I think that the problem of prevention is one which is very important. Whether we should attempt to regulate by way of legislation or merely thru the process of enlightenment, is another question to be met. Your discussion and your criticism are invited. We must have reports from those who have had experience in these matters. It is only by collaborating our experiences and by comparing notes, checking up each other, as it were, that we can expect to understand the problems and really accomplish anything. This Association stands for the encouragement of such co-operation and collaboration. We give you the results of our investigations. Now we should try to combine into a common point of view what we have learned, invite the testing of these things, and finally learn what we have accomplished.



### III.

## PROGRESSIVE METHODS OF DEALING WITH JUVENILE DELINQUENCY

Hon. NEELE B. NEELEN

Judge of the Juvenile Court, Milwaukee County, Milwaukee, Wisconsin.

Not so very many years ago we thought so little about children that we believed there was not very much to know. We merely classed them crudely as good children or bad children, strong or weak children, bright or stupid children.

Little did we think then there were any other classifications to be made. But within the past ten years there has been brought about a great change in the care and study of children, and, of course, I can only speak from my observations and deductions as a judge of the juvenile court in Milwaukee.

Thousands of cases of all kinds are handled in a year and no definite set of rules can be laid down to be generally followed. Each case is separate and distinct and therefore must be studied and handled differently.

New light is being thrown upon the subject every day and a new word has come into the English language. The word is Paidology, and it is derived from the two Greek words meaning child and science, or the science of taking care of children.

Its object is to study and to collate all kinds of information concerning the bodies and minds of children. Especially does it seek to know and understand all departures from normal standards, physical, mental and moral.

It is to be feared that the educator's task is indeed a heavy one, for the reason that so complex has become the machinery of the public schools, so intricate the problems of changing population, city congestion, sanitation and hygiene, which enter into and affect the child's daily life.

Paidology applies to children in exactly the same way as mineralogy does to ores, as botany does to plant life. From my own observations I believe that the outlook for the educators, and what is more important, the children themselves, is indeed a serious one, unless child science can speedily come to their rescue.

No less than ten years ago we were wont to regard children merely as undeveloped men and women. There were, perhaps, a few psychologists who knew that children



have a status of their own, and that it is entirely different from that of adults.

There has been brought about, since that time, an extraordinary revival of interest in children, as is evident by the creation of a number of societies devoted to the study of boys and girls; the instituting of juvenile courts and the probation system.

There has also been brought forth a score of scientific journals and many academic chairs in universities resulting from this new interest in children and the sense of their increased value in society.

Certain weird tendencies in young children, which were heretofore merely looked upon as sustaining evidence of the doctrine of original sin, are now given over to serious study. There are tendencies among children to lie, form gangs, invent secret languages, create imaginary playmates, steal, and many other vagaries of youth, which have become of deep interest to students and educators.

There is a changed social attitude toward the children as a result of these studies, and as some one has so cleverly expressed it "the children have been taken out of the realm of poetry, into a field of scientifically organized care and protection."

I agree with Judge B. B. Lindsey, of the Juvenile Court of Denver, when he says:

"I say unhesitatingly, nine-tenths of our girls go wrong because of the carelessness of parents; children read the daily papers, hear conversations not intended for them and are exceedingly curious regarding matters of sex. I have no hesitation in saying boys discuss it in a most improper and unfortunate way. I have been amazed to find this condition exists in a much greater extent than I had ever dreamed.

"I have learned in the children's courts after repeated experiences in talking to little girls and their mothers in the privacy of my chambers, regarding their troubles brought to my attention by parents, officers and principals of schools, the sad part of the matter is the girl finds out too late what her parents might have taught and should have told her in time."

But there is not very much we can do to remedy these conditions, for no law enforcement can cope with them, and only an education of the public will avail.

The children of today, it must be remembered, are the men and women of tomorrow, and therefore it is worth



while that more than a passing note should be taken of this large army all about us. The first question to arise is, what has their schooling meant to them in the way of education and development?

Theoretically all children receive the same sound education in the public schools, but every teacher knows how poorly facts agree with theory. Only about one-third of all the children who leave school at fourteen have received a grammar education.

Not more than one-half of these have advanced sufficiently to really graduate, so it comes about that a great majority of children leave school knowing little more than reading and writing, although they have spent the required number of years in school.

Many of them are called "backward children," and it is claimed by school authorities that this number has become distressingly large. There is much perplexity and concern among educators over this strange backwardness of the great masses of children, and in most cases the parents can really be held responsible.

Medical examination of children in all parts of the country has revealed an immense proportion below the normal standard, and it is principally with these that juvenile court authorities have to deal.

A moral awakening is perhaps the greatest need of the average backward child, after his physical defects have been removed and his body given a decent chance to develop, for virtually all children are selfish, passionate, malicious and very frequently thievish.

Children brought up amid environments wherein they live in a state of constant struggle—an unequal struggle in which their miserable little souls are daily and hourly crucified, are very apt to be thievish and malicious. They love to destroy and they love to inflict pain. We find them every day in the Juvenile court, while around them is a world of normal children who learn things easily beyond the power of the backward and vicious to acquire; the normal children, praised, loved and rewarded.

The emotional nature of such children needs cultivation, far more than their brains, for a backward child resents with bitterness to be continually pushed aside and scolded.

There would be less defendants in juvenile court were there a system of psychological clinics and a psychological hospital in the public schools wherein that problem of retardation, with all its allied problems of feeble-mindedness,



child delinquency, pauperism and crime could be solved.

Investigation has convinced me that a great deal of mental deficiency is caused by poverty, by overcrowded homes, poor food, bad air and lack of playgrounds, and one of the first steps would be to take the child from home surroundings such as these.

The importance of child science with its relation to race improvement should be apparent to all. The only way to keep the children out of mischief and away from juvenile court is in the first place to provide them with proper environments. Sick or well, bright or stupid, genius or imbecile, every child ought to be brought to the attention of the public school.

The social question is perhaps one of the most important problems society has to deal with. We find in our work among the children many who are impure in thoughts and actions, and we asked the reason why so many children who have not reached the adolescent period are immoral.

If we look into the homes of many of these children, especially among the so-called lower classes, we find a family of six or eight living in two rooms, parents and children, and maybe a boarder or two. The boys and girls grow up without knowing the meaning of privacy or purity.

Not only is the home small, but it is poorly ventilated and unsanitary, with no light or no air. And then the children are not given the proper food or furnished with legitimate amusements. And both the girls and boys, as soon as the proper age limit is reached, go to work in shops and factories at very small wages.

These young working children have had no teaching at home; they have seen only the dark side of life. The mother, if intelligent enough, has not had time to instruct the girls properly. The father cares little for the children except as a means of revenue for the family. The girls meet all kinds of temptations in the workshop, on the streets and even in their own homes.

Is it any wonder that they are finally gathered in by the police? But I do not mean to have it understood that I believe all immorality is confined to the lower classes of children. Quite the contrary. There have been some very startling and almost unbelievable cases brought to my attention as presiding judge of both the juvenile and district courts of Milwaukee County.

Many young people of the higher classes are not taught at home the meaning of purity. Many times it is a selfish



mother who is the cause of a daughter going wrong; and again it is just carelessness. A few of the cases are beyond all comprehension. Yet such conditions exist, probably always have existed and will continue to exist to poison the minds of the young and continue to bring into the world men and women of a crippled mentality.

What may be described as "the errors of youth" is a deplorable practice prevalent among children of all classes, and is by no means to be found exclusively among the offspring of the poor.

An alarming number of such cases has come under my observation, and to one who has had much experience in juvenile work, a glance is sufficient to reveal the young person's secret habits, for his face and manner betray him in every way.

Not so very long ago the son of a wealthy manufacturer of this city was brought into court by the police, and the boy admitted having stolen a dozen or more automobiles.

His father owned two automobiles and the lad was well acquainted with their operation, but he seemed possessed with a mania for stealing other persons' cars, taking them for rides through the city, then far into the country and abandoning them.

When the parent learned of his son's arrest and of the boy's confession, he came to court, excited and vexed, claiming some great error must have been made, for he did not believe his son capable of such acts.

A long and earnest conversation with the lad in private brought a second confession from his lips, and my suspicion of his secret habits was confirmed. When I called in the parent and enlightened him the man was shocked.

Then it suddenly burst upon the father that his son was no longer a child, but a young fellow of 15 years of age, rapidly growing to manhood, who had for the past three years secretly visited upon himself the evil which was draining his physical and mental resources and reducing him to a state of imbecility, inflaming his brain with vicious thoughts and bringing about a state of incorrigibility, the undoing of which promised to be a long and tedious effort and one fraught with heroic work.

Just the other day the probation officers brought in another little chap, scion of wealthy parents, and his confession involved a little 15-year-old girl, daughter of prominent people of the city.

It developed that during the absence of the boy's par-



ents, and unbeknown to the servants, the boy had taken the girl to an upper bedroom of the house and kept her confined there for three days.

It was but another case of early degeneracy, and we found, as in many other cases, that where there is one little girl gone wrong, six boys or more become involved.

True facts concerning the children were brought home to the parents forcibly, and at first they failed to comprehend. When it finally did dawn upon them that a great misfortune had been visiting their children daily without their knowledge, they recognized their own ignorance in not watching the young persons more closely and guiding them along the right paths, through that dangerous period when the boy or girl is just leaving the land of childhood and about to blossom forth into manhood and womanhood.

Too much is left to the teacher or the social worker, while the mother, through a false sense of modesty, hesitates to instruct her young daughter in things pertaining to her own health and welfare. The father is engrossed in business and does not realize that it is his duty to instruct his son in things he ought to know.

Yet this very argument I am now making has been made time and time again by persons identified with juvenile work. If children of all classes could be kept from seeing things that are evil, hearing vile stories, reading impure books, much of this trouble might be avoided.

I believe these five cent moving picture shows work an evil influence among the minds of the young, especially upon young girls. The cheap theatre becomes a rendezvous for the young people, and there are times when the pictures exhibited are not good, wholesome and clean.

There is too much of the melodramatic in them; yet therein lies the fascination that solicits the patronage, for without catering to the weak, vicious and transient, there would not be that appeal to the yellow streak in children—a yellow streak which makes them gloat over the fallen and disgraced and causes pictures of crime and bloodshed to hold them with consuming interest.

I have sat in cases at court where the mother has told me things right before the children that are shocking. When I reminded the mother that such talk ought not to be before girls and boys, she laughed and remarked that they were too young to understand.

But they were not too young, and listened to all that was said, and if they did not understand at that time, they



would soon find a playmate ready to enlighten them.

The home should be the most sacred place on earth to the child, far ahead of the church or the school, and the teachings of the home should mold the character. If there is a lack in this line the child is liable to go wrong after all the teachings of the school, church and social circles.

As I have already said, there can be no set of rules laid down and followed out to a successful conclusion. Different remedies must be found for every case. I recall one particular case of about six months ago.

There was a little chap whom we shall call Nick, brought before me in juvenile court and described "as the worst boy in town." Today—well, it might not accurately be said he is the best boy in town, but he is far from being the worst.

Nick's regeneration came about in a peculiar manner. When Nick was arraigned in court he was 15 years old. He had spent his short life running wild in alleys and lived in one of the poorest districts of the city.

In support of the statement that he was the "worst boy," Nick was accused of being a practiced thief; he smoked cigarettes, cursed astonishingly, threw stones at his mother, could not be believed and——

Well, the list of Nick's shortcomings ran on almost indefinitely. The recital lasted twenty minutes, and was backed up by a statement of many instances in support and illustration of each charge in the indictment. The only evidence that any of them was exaggerated was the doubt thrown on the charge that Nick could not tell the truth.

This was when he cheerfully admitted the accuracy of all the accusations against him. Maybe this should stand in Nick's favor. Nick was, after all, not the worst boy in town. They who had brought Nick to court had a great deal to say about environment and other influence and things.

It might be nice to say that all of a sudden Nick, convinced of the error of his ways, became white as snow and sprouted wings. But it didn't happen in just that way. It was several days, in fact, before there was any noticeable improvement in the boy.

He was given to the same outbursts of temper. He had thrown stones through a few windows. He had cursed his mother and everyone else with great fluency and force. But to avoid any further recital that cannot be other than painful, it may be said that after Nick had been kept at



the Detention home for about a week it occurred to him that none of the other youngsters called him names.

Meanwhile we were seeking some interest to which Nick's energies might be directed. Nick's parents were Greek, but Nick knew nothing at all of Greek history, and had no thought that Greeks had not always been identified with the shoe polishing industry and the marketing of bananas and oranges.

The art of the ancient Greeks was mentioned to the lad one day and he evinced some interest. He said he drew pictures himself. So he was given books on Greek history to read, but he was even more interested in the pictures they contained. So he began making pictures of his own, less classic, perhaps, but not without certain vigorous qualities.

Today the boy's masterpiece is a caricature which points a moral in which Nick has become seriously interested. It shows the head of a callow youth of flashy dress, who is smoking a cigarette.

Nick, in an effort to show the dark rings of ill health that encircle the eyes of a youthful cigarette smoker, has blackened the eye of the youth in a way that leaves no doubt of the effect he sought to convey.

Thus we learn that art has influence other than for a narrow sort of culture, though it must be admitted that some artists smoke cigarettes. But maybe it wasn't so much the refining influence of art that brought about the regeneration of Nick, as it was the fact that in Nick's case art was an interest that engaged his attention to the exclusion of those untoward activities which had won Nick the title of "the worst boy in town."

A certain habit of disregarding the ownership of any item of property which was not his own, and which interested him, was one of the shortcomings which brought Nick to juvenile court. It was perhaps the worst and the most characteristic of his shortcomings.

But six months changed the boy greatly. He came a shifty-eyed youth, snarling, shuffling, a sneak and a thief in appearance as in fact. Today he is straight, clean, steady-eyed, respectful and likable. The boy's future will be determined by circumstances of his own tastes and efforts. That there will be a creditable future none of those who are now interested in him have any doubt.

But I am pleased to see that our public schools are progressing toward the standard of moral instruction, and noth-



ing requisite in that direction will be wanting, I believe, when sex physiology is included in the curriculum, and children are given a thorough knowledge of the subject.

Every child is born with an innate curiosity which is enhanced by the prudery manifested whenever this subject of the origin of life is broached; in the study of biology this curiosity can be turned to good account by elevating the idea of the sex function in the mind of the child.

The sex question has taxed the wisdom of educators and all intelligent thinking people in all ages. Owing to the dissemination of more knowledge in these latter days, the solution has at last begun, and the direction of the current was never better shown by the proverbial straw; and on the attitude of the people toward it, depends largely the length of time for its final solution.

It must be evident to every observing and right thinking person that the vicious effects of lack of knowledge on this subject permeate every class of society, and if not soon checked, this moral pestilence which walketh in darkness will undermine the very foundation of the nation and destroy the race.

Since the evil is largely the result of ignorance, the best way to combat it is by imparting the correct scientific knowledge. Biology, the science of life, clothes all creative energy with beauty and majesty, and shows the wonderful provision nature has made for the preservation of the species. It proceeds from the one-celled plant life in the water, the reproduction of which is carried on by cell division through successive stages, up to plants that have reproductive organs, continues through animal life from the amoeba which reproduces by fission up to the animals whose eggs are fertilized in the body and hatched outside, to the more complex mammalia where the young are developed in the body of the female and whose highest type is man.

#### DISCUSSION

DR. E. BOSWORTH McCREADY, Pittsburgh, Pa.

I am very glad to have heard Judge Neelen's most excellent paper. I would like, however, to protest against the present widespread tendency to apply the term "Psychological Clinic" to places where defective, delinquent or backward children are examined and studied. The psychological side of the problem is important, but it is not the only factor to be considered. The terms "Pathological Clinic," "Physiological Clinic," "Ethical Clinic" or "Sociological Clinic" could be used with equal appropriateness.

I believe that those who deal with the juvenile delinquent



should have a thorough knowledge, not only of normal sexual psychology, but of abnormal sexual psychology as well. It is very common in juvenile court work to find a child charged with delinquency on account of bad sexual habits alone. In the class from which these children come early bad sexual habits are practically universally present. A noted German authority has said that of 100 children 99 have these habits, while the hundredth lies. It is a great mistake to class a boy as degenerate simply because through ignorance and association with other boys he has acquired a bad habit. He will continue this habit until he is able to realize that it is not the proper thing to do. To attempt to impress upon his mind that imbecility, idiocy, etc., will result is a mistake, as it is not the truth. Such statements tend to make the boy morbid and lead him to adopt a hopeless attitude.

I agree with what has been stated in regard to moving picture shows. I think that the moving picture show might be made a valuable factor in child development, though the effect of rapid kinetic impressions upon the eyesight of the growing child is apt to be harmful. The nervous child is eager for the very things which tend to aggravate his condition. The presentation of pictures depicting scenes of murder, suicide, highway robbery and all the crimes of the calendar, not only unnaturally excite and stimulate the nervous child, but lessen his sense of property rights and of the value of human life.

The youthful cigarette smoker is often classed as degenerate or at least delinquent. I do not believe that many boys exist who have reached the age of sixteen years without having smoked tobacco in some form. Some get very ill at the first attempt and stop. Others, however, persist and sometimes acquire the habit to excess. While smoking in any form is apt to be injurious to growing boys and should be discouraged, the fact that a boy smokes does not stamp him as either vicious or degenerate. The cigarette has been proven to be the least harmful form in which tobacco is used. The user receives less nicotine and volatile poisons than he does from the pipe or cigar. It is said that the smoke from the pipe or cigar is less liable to be inhaled than from the cigarette. The fact is that as a usual thing what is termed inhaling is but drawing the smoke down into the throat as far as the glottis, if as far, and not into the bronchi and lungs at all. I have watched many smokers and very seldom have I seen the smoke deeply inhaled. Boys, as a usual thing, do not smoke to excess, though, of course, what is moderation for one person may be excess for another. The bad effects are moral rather than constitutional. The boy feels that he is doing something very wicked; he has been told so so often that his sensibilities become blunted with a consequent effect upon his character.

SUPT. J. W. CARR, Bayonne, N. J.

I should like to ask if I am to understand from the statement made by Dr. McCready that cigarettes are less injurious to children than any other form of smoking. I have not come here for the purpose of jumping into any discussion; I came to learn. I have heard the statement made reversed. I do not



rise to challenge the statement made by Dr. McCready, but I should like to know if his statement is the belief of this Association.

**THE CHAIRMAN:**

Whoever speaks on this question of smoking, or any other question before the Conference, is doing so because of his personal opinion.

**DR. MAXIMILIAN P. E. GROSZMANN:**

There is no doubt but that we can get at the truth. What Dr. McCready had in mind is that we should guard our opinion against what the alarmist would say. It is in line with the contention formerly made that we are apt to attribute to one cause too much of the effect which we deplore. It is in that sense perhaps that too much power for evil is attributed to the use of cigarettes. The use of cigarettes is perhaps not so harmful as it is made out to be. But their use is harmful enough. The evil of cigarette smoking is largely this: It may be true that the tobacco consumed in the smoking of cigarettes is less harmful than the tobacco contained in the pipe or in cigars; but there are other considerations to be taken into account. Most cigarettes are not pure, but adulterated. Most cigars are. Cigarettes are short, and as a consequence, the smoker smokes more often,—one cigarette after another. The inveterate cigarette smoker is less successful in school. It has been shown that school children who are inveterate smokers stand lower in their classes, and also that they have a lowered physical condition. It is a case of cause and effect, but perhaps turned around. The kind of person who is weak enough to give himself up to bad habits is also apt to be a cigarette smoker. Then there is also the morbid emotionality of some children to be considered. These emotional demands are often overlooked. Not only these, but various other conditions. People who attend moving picture shows regularly experience a bad effect upon the eyes. Many of the moving picture shows present blood and thunder scenes, and these certainly have a bad emotional effect upon those in attendance. The effect of the moving picture shows is much the same as the effect of any other excitement. These emotional effects are more important than the purely physical injuries. I think this is Dr. McCready's argument also in regard to the evils of cigarette smoking.

Now with regard to social habits. The alarmist claims that every boy and every girl who is addicted to what has been called bad habits must necessarily go to the wall. There should be more enlightenment on this question. It is not so much the physical damage as the psychic influence that is of importance. Physical causes affecting the psychic conditions must, of course, be removed, but the solution of this problem cannot be attempted one-sidedly.

**SUPT. HERVEY, Auburn, N. Y.:**

The teacher is of necessity vitally interested in everything that affects directly or indirectly the life and progress of the child in school. For this reason, I made some years ago as care-



ful a study as possible of the effect of the cigarette upon boys in the elementary school. I took forty boys who had used cigarettes one or more years and compared them with forty boys, practically of equal age and grade, chosen almost at random, who had never used tobacco in any form. I found that the smokers were vastly inferior to the non-smokers in physical development, in scholarship, and in moral tone.

While this study proved interesting and suggestive, I recognize that it falls far short of absolute scientific demonstration, since there is nothing to show what the smokers would have been if they had not used tobacco nor what the non-smokers would have been if they had used tobacco. It would be a distinct service if some one could conduct investigations along this line so scientific in character that the conclusions reached could be accepted by all as entirely trustworthy. I should be glad to know if any investigations possessing this scientific quality have ever been made.

Dr. E. BOSWORTH McCREADY, Pittsburgh, Pa.

The Journal of the American Medical Association, the New York Medical Record and the London Lancet have all published at different times articles upon the effects of tobacco, also various analyses of tobaccos used in cigars, cigarettes, etc. Some of these articles represent a large amount of research work. The numbers of the periodicals in which they appear can be obtained by referring to the Index Medicus, published by the Surgeon General's Library, at Washington.

HENRY GRISCOM PARSONS, New York:

I believe stealing to be a natural impulse in children at a certain age, before they have been sufficiently impressed and trained in the necessity for property rights, which are an outgrowth of civilization. Especially the small boy is a savage, and stealing is merely an acquiring of some property which he desires through conquest either by physical force or by pitting his mental skill against that of the owner.

Many of us are only removed by a few hundred years from generations of ancestors who obtained their living, their very existence, by stealing, and we should not look upon this tendency in the child as a criminal instinct, but rather as a heritage.

Usually the child is a very practical creature with good sense, and in a proper environment can be easily and rapidly led to see that honesty is the best policy and that property rights must be protected. We must do this by filling his mind with something which is worth doing and something which will constantly demonstrate the necessity for private and public honesty.

This is one of the fundamentals in our Children's Garden Movement, and it is one of the things which must be taught to each generation of children, and children are such reasonable beings that they can be easily shown how wise and necessary honesty is.

At 114th Street and East River, in Thomas Jefferson Park, New York City, there is a new Children's School Farm, under



the Park Department. It has one thousand and seventeen small farms on a space of two acres, and the whole plot is enclosed by a fence only three feet high. It is a very congested neighborhood. The police, familiar with the people, openly said that it would not be possible to grow two acres of vegetables and have them unmolested. The police and many others could see no protection in a three-foot fence, and yet at the close of the Summer there had been two complete crops grown and harvested by about three thousand small farmers, with practically no stealing. This efficient protection of property rights was obtained by the only method which can ever gain success in a Republic, and the method is this:

Each small farmer is a property owner, having a farm four by eight feet. This is the first step in making clear the social necessity of property protection, to have the individual own property which must be protected. The next step is to explain the reason for this necessity and to do it day after day to the boys and girls and men and women who come to look at the work. To explain to them that the three-foot fence is to keep out dogs, because they cannot be reasoned with; that we expect people not to climb the fence, because that always looks suspicious, but to go in and out of the proper gate.

The final result was a great astonishment to the police, but it again proved our faith in human nature. None of these children were angels. They were quick-tempered; had a great many fights, and on the whole, behaved as all normal, active children do who have much freedom about the streets of a large city. The results were particularly gratifying as these children were of a very emotional race, but they were not criminals, and the things they did were not crimes. They only need an opportunity to develop along the lines which are demanded by modern society, and they rapidly show their ability to develop not only a knowledge of property rights, but a willingness to protect property rights under the influence of the Children's School Farm.

We cannot make boys and girls honest by merely telling them to be so or with punishment for stealing. It merely arouses their combative instincts. We must not call the stealing of children a crime. We must show them the wisdom of the opposite course.

**DR. THOMAS M. BALLIET:**

Children will learn to respect the property of others only when they have property themselves. They can appreciate what the loss of property to others means only by the experience of losing some themselves. We must also realize that offences of children do not mean what the same offences would mean in an adult. What appears like immorality in a child is often simply immature morality. Hence, we do not treat children as criminals. Hence, also, children's courts and reform schools instead of prisons for juvenile delinquents.

**DR. GEORGE MEYLAN, Columbia Univ., New York:**

In regard to the subject of smoking, I think the discussion thus far has been typical of other discussions of this topic. This question has been discussed in public press and at meetings for many years, without any definite results. It was my privilege



two years ago to make a study of 250 college men to corroborate, if possible, the study made by Dr. J. W. Sever, of Yale University, on the effects of smoking on college students. This gentleman had written an article on "Effects of Tobacco on Yale Students," in which he showed that the smokers were much inferior physically and mentally to the non-smokers. I found no appreciable difference in the physical measurements of the smokers and the non-smokers. The slight difference was in favor of the smokers. In the matter of scholarship, however, the smokers were much inferior to the non-smokers. In a further study of the students in the two groups on the basis of membership in college fraternities and on athletic teams, I found much larger discrepancies in scholarship standing than I had found between smokers and non-smokers. As I went on with this study, I became convinced that it is impossible to take any item like the use of tobacco and membership in a college fraternity or athletic team, and attribute differences in scholarship standing to any one of these factors. The difference in scholarship standing appeared to be related more to the social standing of the men and ideals in college life than to the fact, whether or not they used tobacco. Physicians and scientists who have attempted to discover the effects of tobacco are generally agreed that it is injurious to boys during the period of growth, but we have not yet discovered means of measuring the effect of a moderate use of tobacco on healthy adults. It is, therefore, unwise to set up any single factor in our daily life as a chief cause of physical, mental or moral deficiency. The same reasoning applies to the habit of self-abuse discussed in Judge Neelen's paper. The effects of this habit on boys are probably not as serious as they have been described by many reformers. I believe that we can accomplish far more in securing a wholesome physical, mental and moral development of children by treating all these matters in a cool and sensible manner than by making rash and hysterical statements concerning the dire effects of this or that habit.

DR. M. P. E. GROSZMANN:

We must not over-state the evils of any one particular habit; this applies to alcohol and tobacco. To what extent is alcohol or tobacco a cause or an effect? As already pointed out, every one who is immoderately addicted to the use of alcohol or tobacco has other weak points in his character, is given to other bad habits. Of course, alcohol or tobacco will in its turn act as a cause, which means a sort of see-saw condition.

I have been very much interested in what Mr. Parsons has said; he has pointed out to us some important factors. As to what Dean Balliet has said, not much could be added. We should turn the natural instincts of the child in the right direction in all his so-called vices which are really remnants of the normal condition of primitive stages of civilization; it is normal for a child of a certain age to be tempted to steal, to lie and to do bad things. It is normal if these tendencies exist in a child; this fact is frequently overlooked. The child's motives and promptings are often misunderstood. Look out for him in that particular period of development. Help to strengthen his faculty for right doing at that period when he has these instincts and make him a social being in our civilized society. The



question often arises: "How can we socialize the unsocialized boy?" Often he is not in the right relation to his environment. The recognition of the developmental periods and their further development is very important. I hope that the time will come when schools will recognize the true nature of children. Our schools, the teachers and parents as well, are at fault in estranging children from the natural conditions of life. There should be right standards.

**WALDEMAR H. GROSZMANN:**

In the discussion thus far one very important point does not appear to have been sufficiently emphasized, and I would suggest that this point be enlarged upon. I refer to the child's play instinct and play activities. Only too often nowadays the activity of the child is not play activity, which is the natural expression of his instincts. The child is expected to deal largely with abstractions of the experiences and thoughts of adults and is not given sufficient opportunity to have experiences and thoughts of his own. Yet he recognizes best the realities of life thru his play activities and by acting out situations. Where such natural interpretation is curbed we have the starting point in the making of many a "peculiar" child. Abstractions and realities become inverted in their development, and the only natural thing in this unnatural condition is the result—a mental warping.

The child's mind should first be directed to the things themselves—to Nature. The expressions of his experiences may be crude, and even fantastic, but they are at least his own interpretations. These interpretations find their truest expression in play form, and where the play activities are inhibited, the moving instinct becomes distorted; and as there will usually be expression of some sort, we have some undesirable result. The lack of mental poise for which aborted instincts are responsible is evidenced by the various juvenile and adolescent derailments we observe so frequently. The developmental stages in a child's life,—when he shows nomadic tendencies, a desire to play Wild West, or to hunt, to be the leader of a gang, to worship at the shrine of his hero, etc., will, thru suppression, either be shorn of many vital life contracts or will lead to belated outbursts of a most dangerous kind. Instead of the beneficial results which Nature intended the instincts and their natural expression to produce at these periods, the results will be anything but desirable. The youth has been cheated out of his childhood, and the unvitalized experiences upon which he has been surfeited preclude his forming a right conception of Society and of himself. And then we fail to comprehend juvenile delinquency! The hold-ups, gang depredations, thefts, incendiaryisms and a host of other examples of adolescent perversion are the expressions of the truly "misguided" young people whose play instincts and play activities have not been allowed full exercise when they were in the budding period.

Let the child of today play more and learn to know the world about him at first hand. Let the play instincts express themselves in natural play activities so that this wonderful leaven which is given to the child may really lighten and enlighten his future mental and moral life.



I believe that a fuller consideration of this element is essential to this discussion, and further suggestions from others would be valuable.

DR. M. P. E. GROSZMANN:

I should like to enlarge upon that point. Take the problem of children's lies. All children tell lies. It may be the exceptional child that never tells a lie, like George Washington. I told many a lie as a boy. Children's lies often shock the sensibilities so gravely; but many of the so-called lies are not lies at all, but misunderstandings, misconceptions or misstatements. There are so-called lies that are faults of the imagination, poetic fancies. When a poet tells a lie, he has poetic license; if a child tells a lie, he is chastised. Many of the lies children tell are the result of an attempt to "try themselves," to test out something. They will tell you some imaginative story as facts to see how you will react. Children are desirous of trying out things. They have a dramatic instinct which prompts them to experiment how it feels to somebody else. These things are not in the nature of vicious habits, but they help in enlarging and expanding their personality. We were just told that many apparent failings in children helped to make them true boys. It seems to me that we are not yet making enough use of the play instinct, not enough use of the dramatic instinct in the boy or girl. Through it we may secure what may be called a lopping-off process; evil instincts are worked off in play form. This play instinct is very helpful to the boy or girl.



## ***Messages, etc.***

The Secretary of the Association, Waldemar H. Groszmann, now read the following messages, extracts from letters, etc.:

P. P. CLAXTON, U. S. Commissioner of Education, Washington, D. C.

November 24, 1911.

I regret that engagements already made will prevent my being present at the Second Annual Conference on the Problem of the Exceptional Child. The Bureau hopes to be able to assist in this great work.

Telegram, December 1, 1911

The work of your Association has my warm approval. Regret I cannot be with you.

CARROLL G. PEARSE, Supt. of Schools, Milwaukee, Wis., President of the National Education Association.

On Train, Washington, D. C., Nov. 29, 1911.

Sorry I cannot be there. Trust you may have a successful meeting.

MRS. ELLA FLAGG YOUNG, Supt. of Schools, Chicago, Ill.

November 28, 1911.

That I value highly the work you are doing is well known.

MRS. FREDERICK SCHOFF, President National Congress of Mothers and Parent-Teacher Associations, Philadelphia, Pa.

November 29, 1911.

On behalf of the National Congress of Mothers I send cordial greeting to the Convention of the National Association for the Study and Education of Exceptional Children. I am sure this study must be of great profit. Representing the organized motherhood of America, I wish to ask the co-operation of your Association in the American Child Welfare Campaign which is now being planned by the National Congress of Mothers, and in which it asks the co-operation of every organization and individual interested in promoting better opportunities for the children. We should be glad to have you appoint one or more representatives to serve on the committee in charge of this campaign.

Hoping that your deliberations may be of great value in the object you have in view, I am, etc.

DR. FELIX ADLER, Society for Ethical Culture, New York.

November 14, 1911.

I can only send you a brief message to express my sense of the profound importance of the problem of the exceptional child, and my hope that the attention of the most competent thinkers will be increasingly drawn to the study of the questions involved.

MISS SADIE AMERICAN, Executive Secretary, Council of Jewish Women, New York.

November 29, 1911.

I wish you the success which your great pioneer work deserves. In every phase of it I am thoroly, deeply interested.



It would be some consolation for missing the inspiration of your conference if you would let me have any echoes of it that may be available in the form of printed matter.

**ALICE B. MERRYMAN**, President Massachusetts Branch of the National Congress of Mothers, Haverhill, Mass.

November 27, 1911.

At the present time there is no room in our public schools for the exceptional child. If the system does not succeed in smothering him, which it usually does, as it is a very effective system, he is pronounced incorrigible; therefore the exceptional child becomes a problem. It is to him that we must look for leadership, and if he is lost in the dead level of mediocrity, where are we to get our leaders? In our public schools individuality is not developed, and creative genius is not fostered. It is plain that we must look to other sources for help if the exceptional child, one of the country's assets, is to be developed and not lost. Educators, so-called, get a squint thru one small knot-hole and think they are taking in the universe, and they tell us that the great trouble is with the "home". Well, if it is, the boys and girls of the last generation are making the homes of this generation and they were educated in the public schools,—why were they not taught how to make the right kind of homes? This is a branch of work to which the National Congress of Mothers is solemnly pledged, to teach parents some of the things they should have known before they became parents. This is an exceedingly difficult task, first to catch the tired, over-taxed parents, and then to get them to think. I will own that their being tired and over-taxed is often unnecessary, but that is a part of the ignorance. Then after we succeed in catching their interest we come to another difficulty. We find there is very little opportunity to influence the children after they get into school. We are taught that we should follow them up and supplement the school work; and those of us who try to do this soon find ourselves submerged. We eat, drink and sleep in an atmosphere surcharged with school. We, the parents, find it more and more difficult to keep up as the child advances. If our mature minds find it hard to grasp the conglomeration dished up to our children, what must be the effect on the mind of the child? The effect, so far as I have been able to observe, is that they practically absorb an ill-assorted mass of facts with very little if any relation to each other. Each teacher has so much to teach, and to so many children, that it is impossible to get in touch with them. All individuality on the part of the teachers is discouraged. They are supposed to be simply a part of the "system" and stuff these precious child minds with the mental diet prescribed by the powers higher up, and they must conform as their bread and butter depends upon their giving satisfaction, not to the parents; oh no, but to the principals and superintendents.

I dislike to find fault with the existing order of things without making some suggestion as to a remedy. In this matter, however, I am still at the investigating stage and have nothing to offer that I think would be of the slightest value to you. I regret very much my inability to be with you for this conference, as I feel that it is in such conferences that these prob-



lems must be worked out. And this might have been my opportunity to learn a great deal about what may be done for the exceptional child.

DR. I. A. ABT, Chicago, Ill.

November 15, 1912.

I feel that you have a grasp of the situation, so far as the study and the treatment of exceptional children are concerned, which is unexcelled, and I am sure it would be an inspiration to learn more of your work and methods. I regret that I must forego the opportunity this year.

MRS. WALTER LEROY SMITH, Corresponding Secretary, Massachusetts Branch, National Congress of Mothers, Malden, Mass.

November 14, 1911.

I congratulate you upon the splendid work which you are doing. It will give me pleasure to speak of this work whenever the opportunity offers. With best wishes for the success of the conference, etc.

MISS GRACE STRACHAN, District Superintendent, New York.

November 29, 1911.

The fact that I am deeply interested in the problem of the exceptional child is evidenced by the fact that I have more classes for deficient children in my districts than there are in any other districts of the city, and I am requesting permission to form more.

The greatest drawback to the work in this line is the lack of properly prepared and equipped teachers. More than half of my classes are in the hands of substitutes. There is no doubt in my mind that the child who is defective mentally or morally, or both, and yet whose condition is not sufficiently dangerous as to compel his removal from home is one of the most serious problems that educators have to consider.

PROF. WILLIAM H. BURNHAM, Department of Pedagogy, Clark University, Worcester, Mass.

November 23, 1911.

We who are engaged in studying the health and education of normal children have a great deal to learn from the pedagogy of the exceptional children, and I wish to send you my good wishes both for your work and for the approaching conference.

DR. WALTER E. FERNALD, Supt. Massachusetts School for the Feeble-Minded, Waverly, Mass.

November 15, 1911

I am in thoro sympathy with your study of the exceptional child, and shall be glad to co-operate with you in any way that is practical.

Prof. GUY MONTROSE WHIPPLE, The School of Education, Cornell University, Ithaca, N. Y.

November 11, 1911.

I am very grateful for your invitation. \* \* \* With reluctance I am obliged to forego the pleasure of attending the conference. \* \* \* I shall read the published accounts of the sessions with interest.



**WILLARD S. SMALL**, Principal Eastern High School, Washington, D. C.

November 27, 1911.

I am, of course, interested in the work represented in this conference. If the Association for the Study and Education of Exceptional Children can not only study the problems involved, but can also help in the diffusion of the knowledge obtained from such study, it will do a great and good work.

**Dr. JESSICA B. PEIXOTTO**, Department of Economics, University of California, Berkeley, Cal.

November 27, 1911.

In this day the dream that lures us is the dream of standardizing up to the normal. Your Society's work promises so much because it has the fine courage to go slowly towards the solution of a most difficult problem. We all wait for such conferences as yours for some account, scientific, earnest and honest, concerning the heredity of our exceptions. Until someone shall tell us why the boy and girl who develops idiosyncrasies of mind or body is thus afflicted, we shall only be able to isolate and keep them happy, but not prevent them, and the dream of prevention is the only lure to work in these days. Until we shall know how to prevent the occurrence of subnormal types, child-caring work, whether in pathologic or normal homes, faces limitation so pitiful that it is largely discouragement. The social worker can only co-operate with the specialist. It is the doctor and the psychologist whose patience and knowledge must give us the data which shall make action more than work done in a vicious circle. It is, then, from such conferences as you are holding that we wait for final words. Glück auf!

**BORIS E. BOGEN**, Cincinnati, O.

Telegram, December 1, 1911.

Expected to send a few lines in appreciation of your work from standpoint of charity worker, but met with slight accident. Confined to bed for a few days and unable to carry out plans. Accept congratulations and best wishes on extension and promotion of movement.

**J. W. REDWAY**, the geographer and member of the School Board of Mt. Vernon, N. Y., contributed the following short paper on

#### **THE HUNDRETH BOY.**

That it is the business and the duty of the State to fit the boys and girls—it used to be “boys and young children of the female sex”—for the heritage into possession of which they shall come in a generation, is a matter upon which all are agreed.

Imagine a line on the blackboard or screen one thousand units in length. Cut off about six hundred and seventy-five of the units from the left end of the line. They represent the pupils who drop out of the elementary school either because they lag behind their classes and become discouraged, or else because they must become bread-winners. From the moment they leave school by far the most of them remain in a state of arrested development. Intellectually, that is, in mental power, but few of them grow; and not growing, they remain only a remove from intellectual infancy the rest of their lives.



Cut off ten units from the right end of the line. These represent pupils that are exceptional. They may be abnormally bright, abnormally dull, or abnormally balanced. Principal, teacher and superintendent agree that they cannot be "graded"—that is, they are not average pupils to be treated exactly alike. They break away, for the greater number, from all fixed classes and rules-of-thumb courses. Those who are exceptionally strong and well-balanced usually take care of themselves; they are apt, moreover, to become very positive factors and leaders in the community in which they live. Those who are abnormally dull are practically squeezed out of school, and the low animal cunning which still survives in the human being, develops to the exclusion of the better faculties of humanity. Those who are abnormally balanced are also excluded by the process of averaging; and from these last two classes are largely drawn the criminals and undesirables of society.

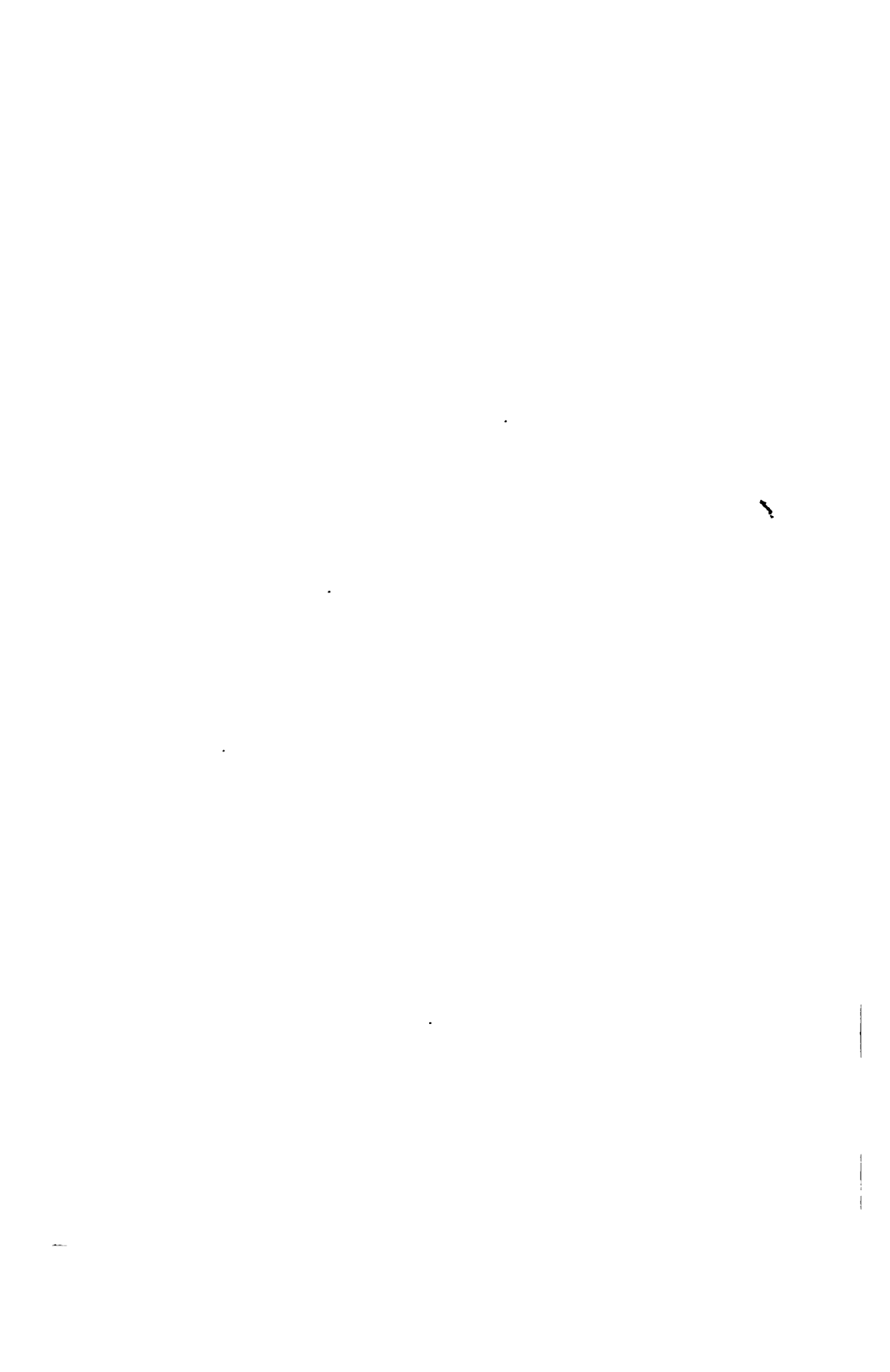
There remain in the tally sheet the "average products" who are pliant and flexible enough to be "graded"—and we promptly proceed to grade about all the individuality and originality out of them by assuming that they are all exactly alike. Is this the end of modern education?

Now the point is this: The State assumes the responsibility over the five; it provides for them generously. What right has either the State or the community to neglect the sixth? Many exceptional children are carried along with the grades and are ground in the mill. They get something, but they do not get what they need. It is safe to assume that the one-hundredth boy is destined to become a part of the useless flotsam and jetsam of the community.

Of all the factors that go to make up the character of the human being, environment and heredity are the strongest; they are also the most difficult to overcome. Education is the only process of practical value whereby they can be overcome. But the educational method of the average boy clearly does not apply here. The problem is this: We must find the educational process that will fit the one-hundredth boy.

Other messages were received from a number of representative men and women, among them from Dr. WALTER B. JAMES, New York; WILLIAM E. WILKINSON, President Federated Parents' Association of the City of New York; CHAS. BLUMENTHAL, of the New York Prison Association; Dr. HELEN McMURCHY, Toronto; DR. DAVID F. WEEKS, of the New Jersey State Village for Epileptics, Skillman; Dr. FREDERICK PETERSON, New York.







**FRIDAY, DECEMBER FIRST, 1911**

**Second Session**

**2.30 P. M.**



**PRESIDING OFFICER**

**THOMAS M. BALLIET, Ph. D.**

**HELD AT THE**

**Assembly Hall**

**OF THE**

**SCHOOL OF PEDAGOGY, NEW YORK UNIVERSITY**

**NEW YORK CITY**







I.

**SYPHILIS AS A FACTOR IN THE ABNORMAL DEVELOPMENT OF CHILDREN**

By **EBERHARD W. DITTRICH, M. D.**

Instructor of Diseases of the Skin, N. Y. Post-Graduate Medical School and Hospital; Dermatologist to the German Odd Fellows' Home and Orphan Asylum; Dermatologist, Northwestern Dispensary; Associate Surgeon German Hospital Dispensary, Urology.

During the last decade only an extraordinary amount of attention has been paid to the mental development of children, their inclinations and their propensities. During the past centuries children have been merely thought to be a secondary consideration in family life, to whom a father did his duty, when he properly fed and clothed them and exerted his paternal authority when they misbehaved.

Now the age of the child has dawned. Children are not only considered to be an important entity in the family, but also in school as the citizens and mothers of the future nation.

Children are not nowadays expected to adapt themselves to a general formula of teaching, but should, and I suppose all authorities in pedagogy are agreed here, receive their instructions in a way that appeals most to their individual perceptive faculties, thus bringing out sharply their individuality and peculiarity.

If this be true in normal children, allowing that such exist as a type, how much more ought we to follow the same or like methods in subnormal or abnormal children with a view of fitting them as well as we can for the struggles of life?

Environment, bad example and neglect may be taken for the most important factors in leading a child astray, but these conditions can be improved, and though they may have to a great extent a determining influence on the child's future life, their effects may be overcome and effaced under proper management *sublata causa*.

Alcoholism and syphilis and probably tuberculosis are the most important among the causative elements of abnormal development, however, which are liable to be transmitted from parents to their offspring, and it is syphilis which is to form the topic of my brief address today, inas-



much as it has a bearing on the physical and mental development of children.

Syphilis is a communicable disease that may be acquired by inheritance or direct contact. In the latter case there is always an initial lesion, the chancre or primary sore, followed by numerous secondary lesions, affecting principally the skin and mucous membranes, and by tertiary symptoms, involving the bones, viscera and the organs of the special sense. In hereditary syphilis there is an absence of the initial lesion and the disease shows itself in the secondary form from the beginning.

Syphilis in childhood has its origin in a hereditary transmission from diseased parents, or it may be acquired as an ordinary infection through contagion.

Acquired syphilis is by no means an uncommon condition in children. It is the result of direct contagion and this is, in the large majority of cases, contracted by acts of negligence on the part of the parents or the attendants rather than the consequence of criminal attempt. A direct infection may have taken place during the passage of the infant through the parturient canal from a maternal syphilitic sore. Very often a nurse will communicate it by the act of nursing from a primary and very infectious lesion on or around the nipple or from a syphilitic abrasion on the mucous membrane of the mouth by kissing. I will add that a nurse may also be infected from a nursing, the latter having such infectious lesions.

The most usual way of infection, however, is the communication of the disease from adults to children in the act of kissing. This form of extra-genitally acquired syphilis is most prevalent in Russia, where it even has assumed an endemic character, owing to the close living together of the poorer population, their defective nutrition, their habit of kissing each other very frequently and the lack of any knowledge of hygiene on their part. Entire villages have been infected in this manner. Extra-genitally acquired syphilis is also appropriately called the syphilis of the innocent. Those especially interested in this will find excellent information in a book written by Dr. Scheuer, entitled "Syphilis Infantum or the Syphilis of the Innocent." No matter how and where the syphilitic contagion finds entrance into the child's body, a chancre or initial lesion will appear at the point of contact, followed in due time by the later manifestations of syphilis. In older children it may have been acquired by sexual contact, which, however, is a



very rare occurrence. The symptoms of the now ensuing disease are the same as those in the adult, but seem to be milder than those of the hereditary type, as the naturally curative powers of children are considerable and they respond very readily to proper treatment.

Cases of acquired syphilis are liable to be mistaken for such of the hereditary type, after the primary lesion has disappeared. The histories obtained in such cases are generally very vague and unreliable.

The manifestations of inherited syphilis, on the other hand, may already appear in utero during the gestation period or show themselves immediately or soon after birth, or less frequently at a remoter period of life, viz., from the third to the 28th year. If it appears later than the third year we call the condition retarded hereditary syphilis.

Retarded or late hereditary syphilis is that form of the disease which concerns us most, as its manifestations are those conditions that you, gentlemen, chiefly have to cope with in your educational efforts. For we understand by it all organic affections of later childhood and adult life, due to syphilis of parental origin.

Since the late manifestations of the acquired type do not differ materially from those of the inherited type we may also include these. Gummata and connective tissue proliferation play the most important part in all these changes. Gummata are quickly developing unstable syphilitic tumors that may occur in any tissue of the body. They break down if no treatment is instituted, thereby causing destruction, the importance of which depends in turn on the importance of the organ or organs involved. Inflammatory connective tissue proliferations, though also occurring sometimes in the late type, are more frequent in the earlier manifestations. It is the dire result of these various processes that we are confronted with in school children.

Prof. Dr. Fournier, of Paris, whose lectures at l'Hopital St. Louis I had the privilege to attend three years ago, has devoted much time and labor to the study of the ravages made by syphilis in the child, especially in the osseous system, with special regard to the teeth, and it seems to me judicious to take the scheme he has laid down in his book, "*Recherches et Diagnostic de l'Heredo-syphilis tardive*," as a basis for our further considerations.

The habitus or general appearance is quite striking in some of these children. It would be surprising if a disease which causes so many fundamental changes in a child's body



should not find an expression peculiar to itself in the general appearance of the sufferer.

There are certain conditions in the habitus and the countenance of the syphilitic child, which, although not pathognomonic, can serve us as corroborating evidence in the presence of lesions more definite in character.

Such children are usually delicate, sickly looking and ill nourished, with flabby muscles and a typical pallor with often a grayish tinge. Their apathic expression stands in striking contrast to that of scrofulous children, with their expression of precociousness.

These children have delicate, pale and pink cheeks, finely chiseled features, thin lips, fine lower jaws, bright eyes and long eyelashes. The physical as well as the mental development of heredo-syphilitics of an outspoken type is retarded. This retardation may be of such degree that it may end in infantilism as they advance in age.

They begin to walk and talk late, cannot keep up with the other children in mental work and cannot do simple tasks which others of the same age will perform without difficulty.

The signs of puberty appear late in both sexes. The menstrual function in girls and the development of the breasts are retarded, together with all other phenomena, generally attending the changes of puberty.

Growth seems to be arrested and we not infrequently find children of fourteen looking as though they were six, and women of forty who look like children.

A precocious obesity, sufficiently accentuated to impress one as somewhat monstrous and devoid of gracefulness is also quoted as one of the exterior signs of Fournier. It may be general or confined to the lower part of the body, especially the abdomen.

Among the changes in the bones which are the results of syphilitic processes, on the one side due to a morbid and undue intensity of growth, on the other to retardation, and which beyond any doubt must exert deteriorating influences on the mental capacity of the child, those of the skull are probably the most striking ones. Bosses (bosselures, Ausbuchtungen) of the frontal, parietal and occipital bones are frequently seen.

Through over-development of bony centres in the parietal bone and retardation of the development and the premature union of the intervening suture, the skull may assume the so-called natiform appearance. A jutting out of



the bones of the forehead, converging to a more or less sharp ridge from above downward anteriorly, gives rise to a formation called boat-shaped forehead. It can easily be understood that where the bony structures do not expand in development or where the sutures close too early so as to make the skull rigid, instead of retaining its usual expansibility, such can only take place at the expense of the more important softer structures, which they are designed to contain, namely, the brain, etc. Hydrocephalus, due to fluid within serous cavities, may be due to hereditary syphilis and may lead to a condition simulating tuberculous meningitis. It should therefore always make us suspect a possible underlying syphilitic taint. A skull and face in which one side is markedly larger than the other is a condition also enumerated among the syphilitic stigmata. The face will sometimes offer irregularities which are considered to be quite characteristic.

First to be considered is the so-called saddle nose, which consists of a flattening of the upper part, while the lower part remains unchanged. This is a congenital effect, however, and is seen in very young children. The following two types which owe their existence to a breaking down of the bony structures that support the bridge are acquired later.

We have here either a flattening of the upper part of the nose with the lower part turned up or the same flattening which, however, is divided from the lower upturned part by a transverse sulcus—the so-called nez-en-lorgnette. These two latter forms are somewhat rare in children, being the consequence of a very destructive and malignant process.

The nostrils are often discharging an ichorous and foul smelling pus, a condition which may be the forerunner of the destructive bone changes above described. A destructive process may extend through the floor of the nose to the palate, causing sharply defined and oval holes in the vault of this structure.

Deformities of the roof of the mouth concomitant with a faulty development of the cranial bones are common.

The mechanical effect on phonation due to such perforations and deformities can easily be appreciated. Fournier also mentions the so-called hare-lip as a consequence of this disease, likewise a flattening of the face from side to side and an insufficient development of the lower jaw, resulting in a retrocession of the same, thus bringing the upper one into strong prominence. The ears may also be abnormally



thickened, irregularly formed or extremely small, or even monstrously deformed.

The so-called triad of Hutchinson will have to form our next topic for consideration. Opinions as to its value differ, but by most it is thought to be absolutely pathognomonic.

The chief features of this are signs of a former involvement of the ears, resulting in more or less deafness, the vestiges of former inflammations of the anterior membrane of the eyes, leaving more or less opaque spots which interfere with vision in direct proportion to their opacity and extent; also the so-called teeth of Hutchinson, that are peg-top shaped, notched below and converge toward the median line. These three conditions combined have been and are yet looked upon as stigmata, the presence of which leaves no doubt as to the syphilitic taint of the person on whom they are observed.

Other symptoms originating in the auditory apparatus seem to be of enough importance to enter into their discussion minutely.

Running of the ears may point to an active or chronic syphilitic process in the intra-cranial portions of these organs. Occasional disturbances of hearing in a child, inflammations of the middle ear without any apparent cause and perforation of the drum membrane probably point to a specific inheritance and should put us on our guard, so much more so as a good deal can still be attained here by energetic anti-syphilitic treatment.

A deafness developing all of a sudden, first in one ear and then in the other, without any corresponding signs in the auditory apparatus, is one of the most deplorable phases of the affliction under consideration. It is central in origin, i. e., due to a destruction in the nerve centres of hearing and cannot be further influenced by any medication.

The history of such an occurrence, which is called *surdité foudroyante*, is conclusive evidence of a syphilitic taint. I fully agree with Fournier that all children with an antecedent syphilitic history in their families, that exhibit some, even the slightest stigmata, should be treated with anti-syphilitics. Would not the prevention of only one case of the above mentioned complications fully justify us in doing so?

The eyes, as I said before, are often involved. This involvement may range from the formations of opacities, interfering with vision, to destructive processes in their essential structures.





**Syphilitic Dactylitis**



**Microcephalic Idiotcy and Hare Lip from Syphilis**  
(By Courtesy of Dr. Pisek)



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**Congenital Syphilis**



**Syphilis Hereditaria Tarda—Saber Legs**  
(By Courtesy of Dr. Plsek)



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The opacity of the cornea as one of the most conspicuous affections forms part of Hutchinson's triad.

Squinting, stigmata of the iris and in the fundus of the eyes, also malformations, are mentioned by Fournier in this triad.

The significance of one malformation of the teeth has been pointed out by Hutchinson, but our knowledge on this subject has been greatly augmented by Fournier, who has studied their growth and development closely as far as they are influenced by syphilitic heredity. He recognized many dental abnormalities that serve us now as valuable guides.

The tendency of this disease to retard and distort growth and development is responsible for many faulty conditions in the dental system. The dentition is retarded, no teeth sometimes being found in children of three or four years. The permanent teeth, however, are the structures that have to bear the brunt of the malady. There is an equal variety of abnormal types that are observed in these children. Teeth with eroded lower surfaces, due to poor nutrition, such as are studded with innumerable minute cavities on their anterior surface; in others those of inconsistently small size or of a conspicuous inequality of the same, as, for instance, very small ones next to large ones, a cessation of growth altogether, so that a grown child of fourteen has teeth that would seem to belong in the mouth of one of four years, abnormally wide spaces between them, irregularity of implantation and many other defects which I cannot enumerate in the short time allowed for my paper, are met with. White horizontal streaks developing on the permanent teeth are thought to be very significant as corroborative evidence of this disease.

A close inspection of the integument will give us valuable data through the presence of brownish scars or active syphilitic lesions, commonly of the tertiary or gummatous type. Fine linear scars are very characteristic, radiating from the cheeks toward the angles of the mouth. The mucous membrane of the mouth and other body openings will often betray the condition by the presence of whitish glistening lines or spots which are the results of former inflammatory processes.

Arrest of development of the sexual organs specially in the larger male child is not uncommon.

The changes in the bone system may be manifold and there are some that are so characteristic that we can suspect from their mere presence a syphilitic diathesis. Thick-



ening of the bone, ends and joints, resulting in deformities, due, as I brought out before, to excessive bone formation, also bony deposits on the shafts of the long bones, as a result of an inflammatory periosteal hyperactivity, loss of bone tissue from broken down gummata and a slow indolent inflammation of the bones of the fingers, finding their expression in a painless swelling of the surrounding soft tissues and terminating in atrophic processes strongly point to the presence of hereditary syphilis.

A very characteristic deformity is the so-called "tibia en lame de sabre." Here the anterior aspect of the whole leg seems to be curved forward in its whole length, resembling the front of a curved sword.

Deformities of other parts of the body, as of the chest, the spine and the extremities are common. Pigeon chests and those of the sunken in type, beaded ribs and bow legs may be found in hereditary syphilitics. As these are also evidences of rickets, I will not ascribe them to syphilis alone, but will state that hereditary syphilis predisposes to rickets. Many joint affections as deforming arthritis and congenital dislocation of the hips are considered by Fournier as resulting from the same source.

Among the manifestations of the nervous system there are some of a greatly disturbing character, as intermittent headaches of sharp and torturing quality. They are liable to be worse at night. Convulsions as forerunners of meningeal involvement are often of important significance, especially if they occur in very nervous children that cry and tremble at the slightest provocation.

Nocturnal incontinence of urine is encountered frequently in this class of cases and is of significance if it occurs in those that find it difficult to control this desire in the daytime in the absence of any inflammatory symptoms.

Disturbances in pronunciation and stuttering are often found in children of families of unquestionable syphilitic history.

Spasms of the facial muscles extending to the neck have been frequently observed by Fournier in children of this class.

I must not forget to mention general nervousness and epilepsy, which latter condition is too well known to necessitate an explanation, also hysteria and certain paralyses. The paralyses due to hereditary syphilis are as a rule of the flabby kind in the upper extremities, while those of the



lower extremities are first of a spastic character and terminate in most cases in disfiguring contractures.

General progressive paralysis may also be mentioned in this connection. There seems to be no doubt from the foregoing that an impairment of the intellectual faculties of hereditary syphilitic children may be directly or indirectly due to their various disturbances, those of the skull forming the most important ones. Feeble-mindedness, imbecility and the different types of idiocy, as microcephalic idiocy and idiocy of the Mongolian type, are striking examples of this class. It yet remains to be seen how much it influences the impairment of the moral sense. I feel that if we could cope successfully with the ravages caused by alcohol and syphilis, our prisons might be depopulated to a great extent. Finally, unnatural over-growth and many other but less important aberrations from the normal standard are said to be the remote effects of hereditary syphilis.

It would be impossible to go into minute details in the description of all these stigmata. The chief object of my paper is merely to familiarize you with the dreadful results of a disease which when imparted to a child, let us assume through negligence and ignorance, throws the little sufferer into life, partially or totally unfit to shift for himself.

By this hereditary taint a child is not only deprived of a good deal of resistance to other diseases as well as the juvenile buoyancy of mind, but also finds it more difficult to cope with healthy children, thus making him often a target for ridicule and rude jokes played upon him by his playmates. The least the community owes to such diseased children is a course of instruction especially adapted to the receptivity of their minds.

In looking over this long list of results of a disease, the occurrence of which probably could have been prevented or further development of which might have been checked if treated at the very first moment of its manifestation, we, as citizens, should really feel ashamed that the possibility of such results still continues.

Should this not be an incentive to us to face so abominable a social evil with a view to eradication and to work relentlessly for a change in those social conditions that are responsible for the transmission of this dreadful poison to poor innocent beings. I am fully aware of the difficulties that we would experience in our endeavor to bring about changes that would be effective; I also hear my ideas derided as Utopian, but in spite of all this I feel that we must venture



out with them *pro bono publico*. For once a start must be made. Why not right now? There are three important points which are by no means new. They have been suggested before, and though we cannot expect of them to abolish all the evil conditions, they would surely prove to be material in bringing about decided changes for the betterment of them.

Neither would the changes brought about be immediate, but we would surely feel fully paid from the conviction that the child of the future would reap the benefits therefrom.

In the first place we should demand a control akin to the one now exerted by our boards of health over tuberculosis patients. Such a procedure would at least prevent those that are infected with the highly contagious phases of the disease, to go about uncontrolled, thus begetting a progeny for which it would really be better if it had never been born.

Secondly, to change our marriage laws in this respect, that a certificate of health should be requested from those desiring to be united in wedlock. Such a certificate, to be issued by a physician of good standing, well acquainted with all the manifestations of this disease, would at least tend to prevent a further addition to the great army of these miserable little creatures.

Thirdly, we should do away at last with false modesty, call things by their right names and instruct the masses on this subject.

Let us show to the young people in public lectures the dangers which they are liable to incur and bring their attention to the beneficial influence of athletic sports in controlling sexual passion, and try to correct the misconceptions on this subject which are still prevalent among the masses. Such a procedure, that might be called a crusade, would be bound to bring good results, which if not sweeping in their effects, might certainly be instrumental in abolishing much misery.

## DISCUSSION

DR. E. BOSWORTH McCREADY, Pittsburgh, Pa.:

The paper of Dr. Dittrich is highly instructive and does not at all exaggerate the prevalence and danger of this dread infection. Syphilis has done much toward bringing about radical deterioration, and partial or complete stamping out of this disease would result in marked improvement in the race. It was formerly held that a much larger proportion of idiocy and imbecility was due to syphilis than is now the case. Improved



diagnostic methods have shown that only a comparatively small proportion of the inmates of institutions for the feeble-minded are syphilitic. This may be accounted for by the fact that the mortality in early life is very high and that a large number perish before they reach the age at which they enter the institutions.

In my work I am constantly on the look-out for symptoms of this condition, though my experiences have been somewhat disappointing. I found at the Hospital-School a number of children who, beside presenting some of the physical stigmata of syphilis, seemed mentally to conform to a distinct type. I thought I had discovered a type in which syphilis was the etiological factor. Investigations were carefully made into the family histories of these children and the Wasserman test was made on each child. The Wasserman reaction was negative in each case, though in some the clinical history was at least suspicious. As Dr. Dittrich has said, a negative Wasserman reaction is not conclusive evidence of the presence or absence of syphilis. I did get positive Wasserman reactions in another group of children who instead of being subnormal were normal, or even above normal. They were, however, unstable, both mentally and physically.

DR. MAXIMILIAN P. E. GROSZMANN:

When the picture of the victim of syphilis, looking somewhat like a young ape, was passed around, a gentleman here asked: "Has that a soul?" That is a good question to ask from an educational point of view. What is best to be done with children who really are not redeemable?

I am glad attention has been called to the strange superstitions regarding sexual matters, superstitions that are very prevalent among various classes of population who surround the sexual functions with mystic beliefs and rites, dating back to antiquity. The superstition mentioned by Dr. Dittrich is characteristic of a long series of strong and appalling superstitions which do so much in spreading disease. It involves the problem of race psychology and the growth of race intelligence. That is a big problem. We are gradually overcoming the false sense of modesty, and we now discuss publicly questions of this kind. We can discuss them frankly and openly in the hope to enlighten each other by the knowledge each can contribute. It will not be many years before we will develop a proper system of education in sexual hygiene.

Many other bodily conditions enter into the study of the causes of the exceptional development in children. I had desired to have tuberculosis as a cause of exceptional development discussed this afternoon. Dr. S. Adolphus Knopf would have been present had he been able. But he sent me a communication from which I will read this short extract:

"Tuberculosis of the brain or spinal cord and its coverings, known as tuberculous meningitis, is usually of an acute nature, of short duration, and ends fatally in most instances. Chronic tuberculous conditions of lung, glands, bones, or joints in children have only in the rarest instances any deleterious influence on the mental or moral development of these little ones. My



perhaps somewhat large experience with tuberculous pulmonary conditions of children has born out this statement, and in children afflicted with surgical tuberculosis the conditions are the same, if not even more favorable."

MISS HAMILTON:

Is hereditary syphilis contagious?

SUPT. HENRY D. HERVEY:

Can syphilis be cured?

DR. EBERHARD W. DITTRICH:

I believe that Dr. McCready said that idiocy and mental deficiency might not be the direct consequence of syphilis. This is true, but as I brought out in my paper, I am positive that the latter is one of the most fruitful sources for their production. I think it is an open question as yet.

The value of the Wassermann reaction is questionable. This test is only of value if the reaction is positive and it does not show anything if negative.

The latest opinions of many seem to hold that syphilis plays a greater role in the production of mental insufficiency and idiocy than formerly was thought. It is now accepted that tuberculosis is not at all to blame for so many conditions of mental deficiency as was formerly held.

Whether the little "thing" referred to by Dr. Grossmann had a soul or not, I do not know. (Dr. Grossmann referred here to a picture of a case of syphilitic microcephaly and hair-lip, shown by the reader of this paper for the purpose of illustration.)

In answer to the question of Miss Hamilton,—is hereditary syphilis contagious? I will say: The congenital or early hereditary type of syphilis, as you have seen, offer very active secondary lesions, such as in children born with florid syphilis. The manifestations, especially those of the mucous membranes, are decidedly very contagious. As far as late hereditary syphilis and its contagiousness are concerned, I would rather be very careful in making any statement regarding it. The tertiary lesions have not been considered to be contagious until lately. The spirocheta pallida or, more correctly, the treponema pallidum, the microorganism now generally assumed to be the cause of syphilis, has been found in tertiary lesions as well. Thus it is fair to assume that the lesions of late hereditary syphilis, which are tertiary in character, are contagious, especially then, when they are ulcerative and discharging. But as they can be bandaged very carefully, thereby doing away with the danger of contagion, they should not prevent children from attending school. Children should never be kissed on the mouth; it is a very bad habit.

Can syphilis be cured? I want to answer Mr. Herve's question in the affirmative especially as far as congenital syphilis is concerned. We should treat the mother who is pregnant from the third month on, giving her fairly energetic anti-syphilitic treatment, if we expect her to give birth to a healthy child. If this is neglected and the child is born with syphilis or will later surprise us by developing the hereditary type, I think it can be



treated and improved considerably, but you cannot promise an absolute cure. "606," which has made a victorious invasion into this country, will do good in some cases, but if given at all, it must be given very carefully and be adapted to the case. I would hesitate, however, to administer it to children indiscriminately. In the acquired form of syphilis and in the adult it is an excellent agent, quickly removing the manifestations, especially those of contagious character. But to promise anyone by its administration to completely cure syphilis, to completely sterilize the body, to annihilate the germs which cause the disease, is a mistake which is liable to do great harm. It is to be deplored that this remedy has been discussed too freely in the public press, thereby causing the impression on the laymen that one treatment suffices for a complete and thorough cure. It is owing to this that young people, when they see that the manifestations have disappeared, will not come back to our offices for further observations and treatment. Something should be done to set this misconception right.

In a paper read last May before the Society of Medical Jurisprudence, I advocated its compulsory use in prostitutes, thereby preventing spreading of this dreadful disease by quickly curing the highly contagious lesions. Of course, this should be done carefully, taking into consideration its contra-indications.



## II.

### THE CONDITION OF NOSE, THROAT AND EAR AS A FACTOR IN EXCEPTIONAL DEVELOPMENT

By OTTO GLOGAU, M. D.

Assistant Surgeon, Mt. Sinai Hospital Dispensary  
New York City

The importance of the Latin proverb, "*mens sana in corpore sano*"—a healthy mind in a healthy body—is fully recognized by the present generation. We are well aware of the fact that there is an organic substratum for every psychic manifestation. In our "Century of the Child" special stress is laid upon the early detection and correction of physical ailments, in order to avoid their deteriorating influence on the mental development of the growing individual. The exceptional mental development in children is due to a more or less marked functional disturbance of some important organs, especially of the perceptive ones. The outer world of physical processes is reflected into the inner world of the child's mind mostly by the eye and ear; a functional disturbance of either one will produce false mental impressions and in consequence, the psychic entity of the child will depart from the normal. A congenital or acquired defect of hearing will bring about more or less pronounced speech defects, which again will help to differentiate and separate the child from its "normal" play companions, and produce exceptional changes in its sensitive mind.

While the congenital disturbances of the organ of hearing (embryonic tissue in the middle ear, syphilitic changes of the inner ear and malformations of the external ear) are important factors of exceptional development, the acquired forms of ear diseases are of much more practical value, as their primary causes may be removed by proper medical treatment.

Among the causative factors are nasal obstruction, adenoids and tonsils, which by themselves give rise to definite somatic changes, with resulting exceptional development. As I have said elsewhere<sup>1</sup> "To understand the pathology of nasal obstruction in children, we must bear in mind that the nasal cavities and naso-pharynx in the growing child are very small and that they may easily become smaller or totally occluded by swelling of the adjacent spongy and lymphoid tissues, as occurs in the turbinates and in the so-called 'lymphatic ring' (adenoids, lymphatic cush-

<sup>1</sup> Glogau, Otto. *American Medicine*, April, 1909.



ion of the Eustachian tube, lingual and faucial tonsils). In addition to the above, the nasal passages may be partially or totally obstructed by congenital or acquired deformities of the osseo-cartilaginous framework of the nose.

"I would like to emphasize the importance of early recognition of congenital or acquired deviations of septum in children and their prompt operative correction, whenever they interfere with the normal function of nasal breathing. To delay such condition until the child grows older, predisposes it to the development or if already present to hypertrophy of the adenoids and all its accompanying ill effects."

When the air is inhaled through the nose it is warmed, moistened and purified prior to reaching the sensitive alveolar tissue of the lungs and the easily vulnerable Eustachian tube and middle ear. The mouth breather, indulging in a perverse habit, shows a characteristic facial expression, the mouth hangs partly open, there is a dull, heavy look about the eyes, an air of inattention to or lack of interest in its surroundings, and a general appearance of stupidity. The lack of proper ventilation of the lungs will soon be evidenced in symptoms of impaired nutrition. The mouth breather is frail and ill-nourished in appearance, perhaps below the average height and weight; and the chest is thin and flat. A variety of symptoms arising from insufficient supply of air may be observed, such as headaches, lassitude, inability to study or to do anything requiring mental concentration.

In reference to the aural symptoms of adenoids, the cases may be divided into three classes<sup>2</sup>: "The first includes those in the earlier stages of the adenoid growths, which have had occasional earaches and the occasional impairment of hearing apparently readily referable only to what is called a head cold. Children so affected have very variable hearing, are frequently accused of inattention and disobedience, and are either too young to know, or have too slightly noticeable an impairment of hearing to appreciate, that their derelictions are sins of the flesh and not of the spirit. In the second class are the more advanced cases, in which, the preliminary stages being passed, the impairment of hearing and the structural changes have become recognized as fixed facts, the impairment of hearing in some of these cases being so great and so persistent

<sup>2</sup> Reik. Diseases of the Ear, Nose and Throat—D. Appleton Co., 1911.



that the child is regarded either as a deafmute or even as idiotic, the well known effect of obstruction of the hearing upon the mental development favoring the latter supposition. To the third class belong those cases in which suppurative otitis media is a result of the disease in the nasopharynx, plus some social exciting cause, or is merely a co-incident."

Enlarged tonsils will be a factor of exceptional development, when they interfere mechanically with the muscular movements of the soft palate, thus preventing the aeration of the middle ear, or when they are pathologically changed to such a degree as not to be any more protective but infective organs.

The impairment or loss of the sense of smell as a sequel to intra-nasal obstruction may sometimes be a factor in exceptional development, as some pleasant mental impressions (like the odor of roses) are excluded from the psychic entity of the child.

Children with nasal obstruction, adenoids and tonsils and slight impairment of hearing will show the mental symptoms of the "pseudo-atypical child" as they only seemingly deviate from the average human type. Dr. Grossmann<sup>3</sup> warns against a separation of medical and pedagogical treatment. We fully agree with his warnings: "Only too often a purely medical cure is considered sufficient. Take, for example, cases of adenoids. A very large number of children have been redeemed from apparent dullness and even viciousness by the resection of enlarged tonsils and adenoid growths. But apart from the possibility of recurrence, which is often due to the continuance of bodily conditions which favor the growth of adenoids, so that even after their removal a special regimen is indicated—there is also this other consideration. During the time of ill-adjustment, when the afflicted child was fighting its battle with adverse circumstances, in school and at home, drifting into a state either of apathy or resentment, it developed mental habits of response which are clearly defective. These habits are not easily dropped. Even after the adenoid cloud has passed away such child may need very expert educational treatment for some time after its cure."

The organs of hearing consist of two portions, the sound conducting and the sound perceiving. The normal function of the former is interfered with when the Eustachian tube does not provide the middle ear with the amount of

<sup>3</sup> Grossmann, Maximilian P. E. Bulletin Am. Acad. of Med., Oct., 1909.



air necessary to counterbalance the atmospheric pressure working upon the drum membrane, a condition which at the end will also disturb the function of the latter. The consequent chronic middle-ear catarrh will irritate the child's mind by such subjective symptoms as head-noises, ringing in the ear, diplocousis, paracousis, etc., and will bring about a more or less pronounced impairment of hearing, especially for the lower musical sounds. These children when showing exceptional mental symptoms would have to be considered as atypical children proper, being pathologically retarded in development. The children of this type may both mentally and physically, through neglect or adverse environmental influences, drop down in the scale of development into lower classes. Any neglected catarrh or suppurative process of the middle ear leads on to deterioration or even destruction of the inner ear, thus producing an impairment of perception or deafness for the high-pitched musical sounds. The apparently normal-born child will thus be checked in its physical and mental development and will be finally dropped down in the scale to the sub-normal type.

Within the three semi-circular canals of the inner ear is contained the so-called static apparatus, the normal function of which is essential for the maintenance of equilibrium. We must differentiate between manifest and latent disturbances of the static apparatus. In the former case the child will feel dizzy, will tumble or fall and show spontaneous to-and-fro movements of the eyeballs, nystagmus, while in the latter case the impaired condition of the static apparatus can only be demonstrated by applying certain tests, of which we mention only the following:

When standing in Rhomberg position (feet close together, eyes closed), or when walking on a straight line, the child will tumble or fall and feel very dizzy. When being turned in a rotation chair for a certain number of times, the child will either show a much stronger nystagmus and of longer duration, or a weaker or shorter one, than a normal individual would, depending upon the irritability of the static apparatus, being below or above normal. On injecting hot water into the affected ear, the nystagmus is directed toward the same side, while upon injection of cold water it is directed toward the unaffected side, but always being in its strength and duration below or above the normal. Being in close anatomical relationship, both the acoustic and static apparatus will be mostly simultaneously involved.



Whether congenital or acquired, any marked disturbance of equilibrium will bring the child physically and in consequence mentally nearer to those predecessors of men in the chain of animal development, whose static apparatus was either defective or missing. Thus the child would be of the subnormal type, showing rudimentary atavistic development.

Through the courtesy of Dr. Groszmann, the writer examined most of the exceptional children at Herbart Hall. The following report, on account of insufficient observations and the novelty of the field of investigation, is a preliminary one. The details of the examination, including all the painstaking acoustic and static tests, together with a minute history of the respective cases, will be given later. The general conclusions, however, drawn from the above observations will be of interest.

The writer found that nasal obstruction with or without adenoids and tonsils was present in both the advanced and backward type of the exceptional child. An impairment of hearing, due to defect of both the sound conducting and the sound perceiving apparatus, is usually present in the backward child exclusively. In the exceptionally bright child, on the other hand, there exists often a congenitally over-acute condition; the latter fact might help to explain the phenomenon of the musical prodigy (*wunderkind*). The function of the static apparatus of the inner ear is markedly impaired in the backward child, while there exists an over-irritability of the same in the advanced type. While the congenital acoustic and static irregularities will have to be counter-balanced by individual scientific pedagogy, as advocated by Dr. Groszmann, the acquired forms will not yield to educational influences before their primary cause, nasal obstruction, adenoids, tonsils, catarrhal and suppurative conditions of the middle ear, has been removed by medical treatment.

In conclusion I might once more advocate the cooperation between pedagog and physician by quoting, with a change of the persons involved, the great German poet, Schiller:

Es soll der Lehrer mit dem Doktor geh'n,  
Sie beide wandeln auf der Menschheit Höh'n.

Physician and pedagog should work together, as they both represent the highest ideals of humanity.



### III.

## THE RELATION OF EXCEPTIONAL PHYSICAL CONDITIONS TO EXCEPTIONAL MENTAL CONDITIONS

JOHN J. CRONIN, M. D.

Borough Chief, Department of Child Hygiene, Health Department  
New York

To most of us who keep in touch with the work being done in the interest of the exceptional child, it must appear that most divergent and untenable conclusions are drawn by the various persons who write on the subject. Probably the most depressing effect of such irrational conclusions is the intolerance of their exponents towards other points of view.

In the special line of research in which the present writer is engaged, inconclusive conclusions are generally drawn in favor of the specialty and at times results are stated in a most dogmatic fashion. It must also be noted that reports on cases are always about those which result successfully, and oftentimes the report shows that the total number of cases studied and to whom corrective efforts have been applied is from 50% to 30% greater than the total number of successes. The conclusions are nevertheless made and no analysis is evident of the cases resulting unsuccessfully.

By this omission, more strikingly than by any other fact, it is evident that enthusiasm and bias form too important factors. The study of this subject is too extensive to be comprehended by any specialty or combination of specialties except the sum total of all specialties. It has long been a serious consideration with me how this difficulty might be overcome. I know personally many of those who are engaged in this work and a more generous, self-sacrificing, humanitarian aggregation could not be conceived of. There is nothing in the work for them save a high-minded, religious motive to live and work for the future benefit of human beings who are not as fortunately fitted for life as they would have them. There is nothing so emblematic of true Americanism as the labors of this coterie who so unselfishly exemplify the spirit of "All for one, and one for all." Yet, unsound dogmatic conclusions are drawn and presented for acceptance.

Medicine is not the only profession to suffer from this



lack of comprehension of the whole: religion, which is based on definite articles of creed contained within the Inspired Book, has many more divergent conclusions than are promulgated with regard to the exceptional child.

The whole scientific world owes a debt of gratitude to M. P. E. Groszmann, Pd. D., the founder of the school for exceptional children at "Watchung Crest," for it is he who most efficiently recognized this defect and made possible the remedy. As far as I am concerned, he has most definitely stated a clear and concise classification of exceptional children such as constitutes a sound basis and fundamental proposition by which it is possible to study, not some, but all, exceptional children. Agreeing to these propositions as stated, the absurdity of conclusions which deal with only one phase of exceptional children is most evident.

Those who are mentally competent to study any phase of this work must realize that, whether definitely perceived or not, the alleviation of any single kind of physical handicap is merely one step towards the successful result sought and that many other factors are operative and must obtain before some measure of success is assured.

While I am not in any way competent to analyze and report on mental condition and its various mysteries, except insofar as physical abnormalities interfere with the possibility of cellular activity in certain cells of the brain, nevertheless, I feel that if even this much is really comprehended, some of the difficulties of the present bewildering literature will be in a fairer way for a desirable solution.

The whole process of life resolves itself into a delicacy and responsiveness of the body to aetherial vibrations, and inasmuch as all parts of the body, or condenser, are in perfect order, by so much are we able to expect a perfect message. The whole body is nothing more or less than a Marconi condenser, and by so much as any of the faculties for the receipt and transmission of impressions are defective, by so much will the child fail to obtain a clear concept of physical or psychical impressions.

When the study of the physical condition of school children was undertaken by the Department of Health of the City of New York, as far as was within its power and ability, the study of the children was extended to the whole physical child. No attempt was made to study the environment of the child at school or in the home. It was proposed to do just what we have been doing—detect hitherto undiscovered



physical abnormalities which might be a factor in the backwardness of the child.

Much misunderstanding, as a matter of course, must follow, and many criticisms were hurled by those who were vainglorious enough to assume the prerogative of ability to criticise, but who in their vainglory never took the trouble to inquire of the officials what was the objective sought. It seems too bad that Nature decrees that sound constructive work is a slow, sure process, and that destructive processes are almost instantaneously effective. Iconoclasts are conceited and are easily self-satisfied. When, however, a modicum of their own destructive teaching hits them or theirs, they are the first to howl for relief.

It was so in the first years of the Department's work—citizens of all classes and walks in life who first decried this so-called species of paternalism are now the ones who howl when they cannot reap some of the benefits of the system.

To illustrate how profoundly this class thinks, at the time that there was the greatest howl against paternalism they were oblivious to the fact that the most comprehensive and successful kind of paternalism the world ever knew was the free and compulsory educational system which they were helping to pay for. The cry was that soon the city would clothe and feed the children. The Lord speed the day, and when it arrives, I am sure less money will be spent than now, and the city will have the satisfaction of knowing that it is paying for something that will give a big return rather than, as now, useless expense.

As a business proposition, here were citizens contributing to the support of the public schools, and when it was conclusively demonstrated that a large percentum of the appropriation was pure waste, they seemed to occupy the unique position of desiring to continue to pay for failures. The opinion of the masses has always been a true and accurate one and always will be. Individual examples of children taking a new interest in life after the adjustment of proper lenses for the eyes, after the removal of certain obstructions in the head cavities and the repair of irritating infective conditions of the oral cavity, were so numerous that it must needs follow that the natural spirit of self-pride would possess all children within the scope of this influence.

The result is, and must continue to be, that a number of children formerly exceptional and hindered from reaching



the goal of normality on account of certain physical defects, when the physical abnormalities were remedied or cured, were successful in their efforts for efficient work and thus the gospel spread itself. In fact, many children who were considered dull had enough wit to look for relief voluntarily so that they might learn better.

The gospel, as all others, however, was soon applied most injudiciously by incompetents, professional and lay, with the result that failures occurred. As I remarked, numerous indeed are the factors necessary to make a perfect whole.

The successes simply meant that a large number of children were perfect except for some one abnormality. The relief of this abnormality resulted in an approximate perfection. There is nothing mysterious about this. If one has any mechanical ingenuity at all he must have noted that the simplest derangement of any part of a great mechanism results in complete failure of the whole mechanism and the repair of the part, such as the tightening of a screw of a mechanism as large as that which furnishes power for city electric supply, results in the establishment of efficiency.

And here is where the specialist must have a care; there may be more than one screw loose, and it may have been loose so long that real organic trouble within the mechanism obtains. Here is the place where the true mechanic differs from the ordinary; he notes the organic defect and replaces or corrects all the defect. With specialists it is too often the case that they do not use all the forces of Nature which has the capacity of repairing itself. Thus it results that in some cases the application of the skill of certain special endeavor results in the establishment of the efficiency of the whole, while in almost an equally large number the result is negative because the artisan does not comprehend the whole subject. Then it is decided too often that the efficiency of this case is impossible and is contrary to the Divine will, and therefore it is useless to proceed.

In an abstract way it seems to me that with very few exceptions all brains have the same potentialities and, dependent upon the early environment of the individual, the predominance of certain brain cells over others result. All brain cells depend for activity on vibration, and if all the conduits to these cells are not in perfect condition to perform their functions, there must sooner or later result a de-



generative atrophy of these non-activated cells which can never be re-awakened.

From this I infer that there is in each individual child a critical age beyond which it is impossible by the correction of physical handicaps, to re-establish a full efficiency. Many persons going about exemplify this, as we find many people with greater or less areas of lung tissue destroyed, but to all intents and purposes these people live and often succumb to accident or disease other than disease of the lungs. This is also the case in mental diseases.

We have no control over the part of the anatomy in which pathologic changes may take place. We have no control over the factors of conception, of home, family, society and locality, over father, mother, visitors or street associates, over the fact whether Nature has equalled her best in any particular production, over school conditions or conditions of the health of the teachers who seek to educate the child. All these factors have an influence one way or another, and according to the receptivity of the child exposed, certain brain cells are activated to the exclusion of others.

As far as the environment is concerned, it has a powerful influence as far as the respective faculties of the child are efficient in being affected by impressions.

We have no control over the food, digestive efficiency and the results of internal fermentative processes; therefore it is perfectly possible, due to conditions over which we exert no influence for years, for certain cerebral cells to have a comparatively full functional activity and other cells to be in a state of degeneration or complete atrophy. It may be that the conductors to the cells degenerating are at fault or that the impressions represented by these cells do not obtain. Whatever it may be, we do know that Nature abhors inertia as much as it abhors vacuum. The result is that the activating cells appropriate all the pabulum that should be distributed. The faculty of self-preservation is present in cells as well as in the whole individual, and therefore is a slow process. The power of regeneration is present so that, granted a certain individual cell whose conduit is perfect, but the normal stimuli absent, up to a certain period the process of regeneration is possible. Beyond this there is no hope. This time when it is possible for regeneration to obtain is the critical point. When, where or how this point may be accurately determined I cannot say. The school for exceptional children before mentioned reclaims children



when most of us ordinaries consider the critical point passed, and, as in general medicine, the physician who fights to the last extremity is the one I would like with me. So Dr. Groszmann is the eminently resourceful student who continually strives for a good result in all entrusted to his care with an extensive comprehension of all the factors which may be fundamentally deranged.

Many of the monstrosities which have been described by older writers will be known only as matters of history in the future. The Department of Health of the City of New York, through its Division of Child Hygiene, is fast extending its work most consistently and comprehensively. For years the Department has endeavored to lower infant mortality by means of a summer campaign amongst mothers in the crowded tenement houses. During the past season real, effective intense control of certain areas has been exercised to a degree which, as previously stated, would stamp the speaker as visionary. Now it is a fact, and it is further a fact that the past year's work was a doubtful and worrisome procedure.

The Department also established milk stations in districts where the very lowest type of children, with regard to social environment and vitality, were found and the babies controlled passed through a most trying summer with records beyond the most presumptuous estimate.

The Department now goes further and seeks to look after the pre-natal state of the baby. When all this work will have been accomplished it may be said that something complete is done to control the psychic and physical well-being of the child.

The State itself now looks after factory working women and the whole general trend of employers is to look after the whole employee for the sake of greater efficiency.

Since real knowledge is the accumulation of acquired impressions in the form of concrete concepts and every concrete concept entails the conception, intra-uterine life, birth, environment and social factors, until one has exhausted all of the factors of environment and of the individual, one is not in a position to claim that the child is irreclaimable, nor, on the other hand, is anyone who assists in the alleviation of one single factor in a position to assume and conclude that any branch of specialized medicine which does its portion of the work is the cause of the successful result.

The study of a child who has been relieved by various specialized endeavors without successful results is an inter-



-esting problem and the application of specialized pedagogical effort as is administered at Watchung Crest as the complementary factor, with eventual completeness of the whole, is what we want. The labors of the physician and pedagogue are related and so co-ordinated that the success of the one depends upon the skill of the other.

It seems a little ridiculous that I must criticise accepted propositions and at the same time seek to establish the idea that all are **not** born equal and each has **not** an equal chance of life, liberty and the pursuit of happiness; but we who know, know this statement to be true, and finally we know that the doctrine of the survival of the fittest is an obsolete theory and depended for its perpetuation to our day upon the fact that the world has never before harbored so many race culturists. Yet, it is a glaring fact that individuals who, in later life, exhibit every expression of the care bestowed upon them and were reared with the greatest difficulty are often our greatest minds. If the practice of race culture were not applied to them death would occur, and what in adult life is termed the fittest, was at birth the unfit, and vice versa. Survival of the fittest depended entirely upon chance.

In conclusion I may say we have reached that point where the child must be recognized as a whole, and if we wish to have an efficient whole we must know the parts and the relation of the parts to themselves and the whole to its environment.

Given, then, a child before the critical period, and given the fact that the child's potentiality is whole, the application of culture to any such individual must produce a finished product.

If we shall have contributed one single mite to such reclamation of the child, we may feel assured we have done some of our duty to mankind and the world is much benefited by our existence.



#### IV.

### BIRTHRIGHT OF THE NORMAL DEAF CHILD

By MARY S. GARRETT.

Principal of the Home for the Training in Speech of Deaf Children Before They Are of School Age,  
Philadelphia, Pa.

Normal deaf children as a class differ at birth from normal hearing children as a class only in lacking one physical sense.

They are endowed by nature with the same powers of imitation, the same mental powers in the same varying degrees. Their natural and therefore the most favorable age for acquiring articulate speech and language is identical with that of hearing children. They can learn it all through their eyes if given the same opportunity of the repetition that every hearing child receives through the ear in infancy and early childhood.

Are they given this opportunity? What is the history of the attitude of the wisecracks toward them? Aristotle declared them to be incapable of instruction, and the poet Lucretius endorsed his opinion as late as 50 B. C.

Under the laws of Lycurgus they were exposed to die, and the ancient Romans threw deaf infants into the Tiber. Within my own recollection many physicians imagined their speech organs were defective.

Every deaf baby that is born cries the same as a hearing baby and babbles the same syllables from its hereditary tendency to talk. Have they not a birthright to the opportunity to see the repetition of language which their powers of imitation will enable them to copy as the hearing child copies the language it hears?

I am not making a mere claim when I say "will enable." I am stating a proved **fact**. For some years I have lived in the Home for the Training in Speech of Deaf Children Before They are of School Age, founded February, 1892, by my sister and myself, and made a State work by the Legislature of Pennsylvania in June, 1893. We admit little deaf children between the ages of two and eight, and prepare them for education with the hearing by surrounding them with home conditions, and train them in articulate speech and language through these conditions, never conveying an idea to their brains by any motions of the hand or any artificial means whatever.

Even with the disadvantage of losing the very earliest



opportunities with these little ones, we have succeeded in placing them, after their preparatory training in our home, in schools and classes with hearing children, where, to speak entirely within bounds, quite as large a proportion of them do well as the proportion of hearing children do.

All these children's successes mean missionary work for securing opportunity for other deaf children. They have already been represented in schools for the hearing in six different states, and also in the District of Columbia, the greater number of these schools being naturally in different parts of Pennsylvania.

No deaf child has had its very best opportunity who has not been surrounded with the hearing only, in its own home from birth and there had its natural powers developed through its eyes.

Developed how? may be asked. If the infant's eyes are directed to the speaking mouth of the mother and others around it from the start, it will gradually acquire the habit of looking at the mouth, just as the hearing baby gradually acquires the habit of paying attention to the oft-repeated words addressed to its ears. Its natural powers of imitation and hereditary tendency to talk will then guide it gradually to articulation. The natural sequence in acquiring language, either the vernacular or other languages in later life, is that the understanding of the spoken language begins before the ability to speak it begins.

The reasons for teaching deaf children the means of communication current among those with whom they must pass their lives, earn their living and find their happiness are self-evident; they need all that it means just as hearing people do, and they should not be deprived of their birth-right.

How far away from giving every deaf child its birth-right are we at present, and how far are those in authority over them from the mistakes of the ancient wiseacres?

Aristotle declared the deaf to be incapable of instruction. Are they not practically being deprived now of opportunity to develop their most important natural powers in the assumption that they are incapable of such development?

When the bill for the adoption by the state of our Home for the Training in Speech of Deaf Children Before They are of School Age was before the Pennsylvania Legislature, the Superintendent of one of the largest schools for the deaf in the world appeared before them in opposition and



claimed that it would injure little deaf children to be taught speech at the natural age.

His opinion was evidently shared by the majority of those in charge of similar institutions in other States.

In February, 1901, the Hon. Galusha A. Grow, formerly Congressman at Large for Pennsylvania, introduced a Bill as follows:— (Quoted from Congressional Record).

Mr. Grow said:

Mr. Chairman: In the short time I shall occupy the floor, in the remarks which I propose to make, I want to call the attention of the committee to a bill which is at the head of the Calendar of the Committee of the Whole House on the state of the Union. I will ask that the Clerk read the bill and report in my time.

The Clerk read as follows:

A bill (H. R. 9) to aid in establishing homes in the States and Territories for teaching articulate speech and vocal language to deaf children before they are of school age.

Whereas, Mary S. Garrett and Emma Garrett (deceased, her sister) did on February 2, 1892, establish at the city of Philadelphia a home for the training in speech of deaf children before they are of school age, which home has been continued by said Mary S. Garrett by her own charitable contributions and contributions of other persons, aided by a small appropriation of money by the State of Pennsylvania; and

Whereas it has been clearly proven by such training in said home that deaf children can learn articulate speech and language by the use of the eye for all practical purposes as well as children who hear can learn through the ear, provided they have this training in infancy and early childhood: Therefore,

Be it enacted, etc., That the sum of \$100,000 be, and the same is hereby, appropriated, out of any money in the Treasury not otherwise appropriated, for the purpose herein specified, to be paid to the following persons as trustees for said fund: Ex-Governor Daniel H. Hastings, ex-Governor Robert E. Pattison, Joseph M. Bennett, Charles C. Harrison, and Alfred C. Tevis, to be expended in payment for the time and expenses of not less than 100 persons to become qualified as teachers in said system of teaching the deaf before they are of school age, so as to become teachers in such homes as may be established in the States and Territories and in the District of Columbia.

Sec. 2. That persons who are to become teachers in such homes as may be established as aforesaid shall be selected, on the recommendation of the governor of each State and Territory and by the mayor of Washington for the District of Columbia, by said Mary S. Garrett, or, in case of her death, by her successor or successors, as the principal of the aforesaid home at Philadelphia, from all the States and Territories of the Union, including the District of Columbia, not less than one person from each State and Territory and said District. All said persons so selected for teachers shall remain at Philadelphia as long as the said Mary S. Garrett or her successor shall deem advisable, and each of said teachers, on completing their training, if in the judgment of said Mary S. Garrett or her successor the said person is thought to be a competent teacher for the purpose herein specified, shall receive a certificate to that effect signed by said Mary S. Garrett or her successor.

The report (by Mr. Grow) was read, as follows:

The Committee on Education, having had under consideration the bill (H. R. 9) to aid in establishing homes in the States and Territories for teaching articulate speech and vocal language to deaf children before they are of school age, report the same with a recommendation in favor of its passage.

Subsequently during the discussion of this bill in the House, Mr. Lloyd spoke as follows:—



I feel deeply upon the subject. In my own family there are persons who are deaf and dumb. I should be, of course, glad to know if there was any possibility of relieving them of this physical misfortune. I find this to be true, that nearly all of these persons with whom I have had occasion to converse, whether connected with some academy or not, seem to have a prejudice against the system. I am concerned to know whether all this prejudice comes from the teachers or as to what is the exact source of the objection.

Mr. Grow. The gentleman, of course, understands that in the first place there are conditions that we must all recognize. Whatever we are ignorant of we are, perhaps involuntarily, a little opposed to. Everybody who studies a question and comes in contact with his fellow-men will find that to be true. Now, it is possible that those who are engaged in teaching the deaf and dumb in the United States in the various institutions scattered throughout the country have special objection against any innovation upon their system; but if an improvement could be made in the condition of the unfortunates in this regard we should not stop to consider objections of that character. The matter is too important in all other respects to allow our opinions to be influenced in that way. Now, I do not say they do that because they are apprehensive if that is done it would close the doors of deaf and dumb institutions.

Mr. Lloyd. I have received such letters.

Mr. Grow. Certainly, every member has, but if you inquire I think you will find them coming from teachers in a deaf and dumb asylum.

Mr. Lloyd. I have answered a number of these communications, and I have found if I said anything in sympathy with your idea in every instance I have received something of a rebuke in reply.

Mr. Grow. Certainly.

Notwithstanding the recommendation of the Committee on Education, the bill failed to pass, owing to the letters received by all the members from these teachers of the deaf. Altho oral training for the deaf is now more or less in vogue, there are many unfortunate and unnatural drawbacks connected with its application.

There is no logical reason for depriving the deaf of the opportunity to learn speech and language at the natural age, and then separating them from a normal environment and congregating them together during adolescence and early adult life for what is called their education and trade training. The number of trades possible to be taught in an institution compared with the occupations the world offers, is exceedingly small, and a trade learned in the environment where it is to be followed has better chances of success.

Furthermore, what does this mode of "education" contribute toward the prevention of deafness?



It works just the other way. To quote from our Tenth Report:

"We believe that the deaf, when educated together during the period of adolescence and early adult life, naturally prefer each other's society, and frequent marriages between them result, and often their children or grandchildren are born deaf.

"We always have 60 State pupils.

"Among the families of those who have been in the Home during the two years since our last Report, there are four who have three deaf children; ten families who have two deaf children; one who has deaf cousins on both sides; another a deaf cousin, aunt and grandfather, and three with one cousin each.

"We had a deaf brother and sister, John and Hettie Dunner (who have a somewhat hard-of-hearing sister in the "Pennsylvania Institution for the Deaf and Dumb"), both of whose parents were deaf; the mother has a deaf brother and two deaf sisters. The mother's parents are also deaf, and she has five aunts and an uncle who are deaf. The mother had the three children by her first husband—a schoolmate—who died and left her nothing to support them; she then married another deaf man, who deserted her in a few weeks; she had a child by him—whether deaf or not we are not informed."

These conditions are simply typical.

Is it not time that we should change the methods which produce these consequences, and open the doors of opportunity to the deaf for development, according to their own powers and on more logical and less dangerous lines?

#### DISCUSSION

DR. MAXIMILIAN P. E. GROSZMANN:

The points made by Dr. Dittich, by Dr. Glogau and by Dr. Cronin were well taken, and technically, I cannot take issue.

I may say, however, that I am gratified with the consensus of opinion in the preparation of the papers. No instructions were given the readers; there was no special suggestion from headquarters; the individual topics were mostly suggested by the speakers themselves. When I suggested a topic to Dr. Cronin, he asked me how he was to handle it, and I left it entirely to him. I knew of the contents of his paper only a day or so ago, and yet the trend and direction of their thoughts are practically the same with all the speakers. Every speaker emphasized the fact that we must combine and co-ordinate our various activities. It is not the eye, the ear or adenoids or syphilis alone, or this or that alone that causes the trouble, but all fac-



tors must be considered as contributing to the resulting conditions we are studying. Physical ailments are frequently causative, true; but a child may be taken from one dispensary to another and yet there will still remain the psychic factor which must be considered and which may need correction. All of your opinions converge upon this one point: that there must be co-operation, so that we may do our best work. The problem of the exceptional child is a very complicated one. There are various types, special types, and mixed types leading to conditions which are oftentimes very obscure. When we think we have solved a problem we may run into new difficulties. We must understand what is fundamental before approaching the subject, and then there should be co-operation of educator and physician. I think the wisest thing for us to do is to follow the maxim of Socrates, who said: "The beginning of knowledge is the realization of the fact that we do not know." We are just beginning to realize the complexity of the problem before us, and the fact that we must all get together. We should have some safe and guiding star or principle to go by. This main principle is co-operation. One thing we must guard against—that is the tendency toward over-specialization. Let us work together and help each other and so gradually approach the solution of the problem. We are conscious of the tremendous complexity of the problem; there is a tremendous field for us all who are concerned in human reform; and the charty workers, teachers, physicians, social workers and others should get together. It is only when we are all organized into one working body that we will be able to accomplish results. I think that is the keynote of all the papers and of the discussion. When we go away from here we can at least say that we have learned one thing—the importance of co-operation.







**FRIDAY, DECEMBER FIRST, 1911**

**Third Session**

**8.30 P. M.**



**PRESIDING OFFICER**

**A. EMIL SCHMITT, M. D.**

**HELD AT THE**

**Meeting House**

**OF THE**

**SOCIETY FOR ETHICAL CULTURE**

**NEW YORK CITY**







## I.

# THE BACKWARD CHILD VS. THE FEEBLE-MINDED CHILD.

By MAXIMILIAN P. E. GROSZMANN, Pd. D.

Educational Director of the National Association for the Study  
and Education of Exceptional Children

Plainfield, N. J.

When the problem of the exceptional child first presented itself to the consciousness of educators, it was natural that those children who deviated most pronouncedly from the average type attracted first attention. It was due to the pioneer work of such men as Dr. Edouard Séguin, a French physician, and others, that the possibility of training even the idiot within certain limits was first demonstrated. And that is not so very long ago. For many centuries those unfortunates whose mental imbecility made them incapable of competing with their better endowed fellows had been the butts of vulgar ridicule and the victims of gross neglect. With the better understanding of their conditions and needs, persons of feeble mind began to receive the study and care which they required, not only on their own account, but for the sake of society for which their presence and abnormal activities were recognized to be often a distinct danger. The development of the social conscience made the responsibility of society towards its diseased, ineffective and abnormal members more and more felt and acknowledged.

There is no question that even to this day the problem of the care of the feeble-minded and abnormal members of society is only partially solved. The public is still but dimly aware of existing conditions and of the dangers they imply. We have no complete statistics of the number of feeble-minded persons in this country. We have at least approximate figures in the matter of feeble-minded children. Certain investigations point to the probability that at least 1% of all children of school age are distinctly feeble-minded. Adding to these the number of children otherwise abnormal, including imbecility and idiocy, moral imbecility and perversion, juvenile insanity and criminality, we may say that the total would reach perhaps 3%. This would mean that of the entire child population of school age in the United States, about 500,000 belong to this class. Of this number only a



small percentage is as yet cared for in public and private institutions which are often prevented from accepting more children by the fact that they are in part filled up with feeble-minded adults who have been there since childhood and for whom states and communities have made no provision. Many of those that are not provided for drift into reformatories, prisons and houses of prostitution.

Thus the problem of the distinctly abnormal child is still grave, and we may sympathize with those persons who are particularly concerned in caring for the feeble-minded and abnormal if they will again and again urge their claims upon the public.

But while it is perfectly evident that sufficient provisions must be made for these large numbers of truly abnormal children, as their presence in society constitutes a danger, it is obvious that it is even more important to save that far larger proportion of children who are merely **sub-normal** or even **potentially normal**, so that they, suffering as they do from preventable handicaps, may not slide downward in the scale of development, and that they may not become a fixed charge on the community. I am speaking of the millions of children who have not had their full chance and who are doomed to become misfits in society; who are considered backward, or who become truants, or are branded as bad boys and incorrigible girls; those whose development is retarded or fitful, who have difficulty in adjusting themselves to their environment, including their school environment; those who suffer from various physical difficulties, including nervous disorders in many cases. All these children represent really an actual, positive asset in human society. But it must be clearly understood that this large class of children, if not saved for constructive activity within their social setting, is in danger of becoming a destructive force in society. We must avoid this vast human waste, just as modern processes of manufacture and industry are now saving what was formerly waste material, and what is now often turned into products more valuable than the original object of production.

In pleading for a recognition of the needs of the feeble-minded and abnormal groups of children, their friends have sometimes made most extravagant statements. It was only recently said, in a public address, that most of the children in the public schools who are now considered merely backward, would, on close observation, be found to be feeble-minded; and it was further stated in another address that



it was very difficult to draw the line between backwardness and feeble-mindedness.

I deplore statements of this nature, as they are extremely misleading. Without underrating the gravity of the problem of the feeble-minded, this class of children can be recognized with a fair degree of accuracy even now, and their problem is not now so much one of diagnosis as one of provision. The percentage is small.

On the other hand, the number of backward children is large. Even if it were difficult to distinguish between backwardness and feeble-mindedness, immediate emphasis should be laid upon methods of differentiation. For society is most concerned in those children whose minds can be developed, who are not segregated, but who will remain part and parcel of our body social. To make them constructive forces, positive assets, useful and effective members of society must be the main object of organized efforts in the province of education.

All that society can do for the feeble-minded is to take care of them under custodial conditions, so that they may be out of harm's way and that those capable of such training may be developed sufficiently to reimburse society for the cost of their maintenance, wholly or in part.

The term "backward," on the other hand, is a very ambiguous one. Your child may be backward in school for a number of different reasons. Some of the most common of these are easily enumerated.

It is evident that in a country like ours where we have a great foreign influx every year, many children entering our public schools are handicapped, not only by their lack of knowledge of the English language, but also because the change of environment makes their adjustment to new conditions difficult. To transplant an Italian child from the narrow streets of Naples or Genoa into a metropolis like New York or Chicago, or into one of our rural communities, implies a bewildering complexity of new impressions, which will require efforts of no little intensity on the part of the child to set himself right with his new conditions. In this struggle of re-adjustment, native abilities will remain obscured for a longer or shorter time.

The nomadic character of American life adds another feature to the problem of backwardness. There is little fixedness in our population, and the continuous flux of Americans from country to city, from city to country, from east to west and from north to south, gives to their children



that instability of education, caused by frequent change of schools, which throws them out of gear in their scholastic career only too often. Let us further not forget that temporary illness causes our children to lose time and connections in their school work. It has been shown that children suffering from bad teeth alone have lost about one-half year in an eight-year school course, having become backward to that extent.

Speaking of physical handicap, we should mention that group of children, by no means small, suffering from lameness, minor deformities and crippled conditions. It is only a matter of recent development that classes for crippled children have been added to some public school systems. Compulsory education laws, as a rule, make no provision at all for children of mental and physical defects, so that children thus handicapped are easily lost in the race, even tho private agencies may sometimes provide for their care.

It is not commonly known how much of retardation is produced by slight defects of vision and hearing. Defective hearing is often times a result of adenoid vegetations closing up the Eustachian tubes. Since regular medical inspection has been introduced in school systems, a vast amount of defects of this nature has been discovered and often relieved. Many thousands of lame and crippled children have been given the chance of normal development on the mental side; and proper attention to their teeth, the fitting of glasses, the removal of adenoids, medical attention to diet, fresh air and clothing, to home and school hygiene; the introduction of school and district nurses, and similar efforts have saved a great many children from falling behind in their school work and from dropping out of the race for useful citizenship. **Is it not absurd to claim these many thousands of children for the feeble-minded group?**

There is another class of children who may be more truly called backward. I mean those whose mental development is slower than that of the average child. It is, of course, futile to expect all children to progress at the same rate. Such condition is just as impossible as to expect that the bodies of all children should grow equally fast and to equal proportions. Every mother knows that she may have to buy ready-made clothes of the 12-year-old size for her 14-year-old boy, or a 14-year-old size for her child of 12. In a similar way minds grow at different rates. Some will grow faster than the average, and others more slowly. The slower child is not necessarily deficient, or even lacking tal-



ent and power. Some of our best minds were slow growers in childhood.

Failure in school studies is also often due to mal-adjustment. By that I mean that it may not be the child's fault at all if he does not progress, if he loses interest and stamina; but the teacher's or the school's. Not every child can be forced into the same Procrustean bed of scholastic work. There are various types of mind, and the stronger and more active special mental tendencies are, the more apt are they to suffer from misunderstanding, repression and misdirection. Here we have, among others, the problem of the truant, who is oftentimes a boy whose nature rebels against the pedantic atmosphere of the school he attends, or one who reaches a period of his life when his nature demands special sympathy or special expansion, or who requires a different field and outlet of activity than is provided for him in the ordinary school, which is fashioned for the "average" boy. Our methods and systems of education, especially of school education, are still much in need of development. They are yet built too slavishly upon tradition, and too little upon a true insight into child nature. The time is not yet here when we may truly say that the schools are for the children and not the children for the schools. We still have too many preconceived ideas of what children ought to be and **might** be to satisfy our prejudice or our vanity; and we care yet too little for what children really are or can be.

Children in our present conditions of civilized life, especially in the larger cities, have really great difficulty to assert their own rights and individuality. Our life conditions are so complex and so artificial, and they have grown to be so at such a rapid rate, that it is little wonder that the adjustment to these conditions is extremely difficult, even to every one of us, and certainly to the child. To find his way and his place among these perplexing influences, circumstances and life problems; to find his groove and his vocation in this bewildering maze of transformative and complex tasks, presents a problem to our growing child which is necessarily confusing. And our schools, which endeavor to keep pace with these changing demands, are losing their bearings in a measure and cram the child with a mass of undigested and undigestible details.

And in the place of actualities, of the real things which would mediate to the child distinct experiences, he is surrounded with substitutes. Pictures, books, mechanical toys



bring even to the nursery the semblance of life, whose reality the child does not touch; rubber-tired vehicles, bicycles, street cars, elevated and subway trains, railroads, luxuriously fitted up steamships, automobiles, and in the near future, perhaps, aeroplanes, remove the child more and more from the simple and direct experiments and experiences which his senses, his limbs, his body, his own mental struggle could give him. We protect and shelter him on all sides. We save him steps and failures, and save him from bitterness. And the result is often that in place of a healthy, ambitious, stout-hearted child we have a weakling, or a crank, or a neurasthenic. Many of these children will fall by the wayside in their school training.

Of course, there is also a true pathological retardation, and children of this type are in danger of degenerating into feeble-mindedness if not properly diagnosed and helped at the right time. However, even retarded brain development and a physiological retardation of the growth rate does not necessarily predestine the child to become abnormal. By the proper co-operation of the trained physician and the trained educator, many thousands of these children can be saved to useful citizenship. For a very clear distinction must be made between **retarded** development, be it ever so pathological, and **actual arrest** of mental growth.

I will, in passing, say a word for the so-called bad boy. The bad boy is also a backward boy, not because he is not bright, but because he does not study. The bad boy and the truant are on the same level. The bad boy may be a misdirected boy. He may be one who, thru circumstances, does not understand his environment and its forces, and who has to become socialized and adjusted, who has to be made to see things rightly and to feel himself to be a unit in a larger social organism. The bad boy may be a boy suffering from various physical defects. Interesting investigations have been made in connection with boys that had been referred to the juvenile courts. Instances are on record when children arrested for various kinds of misdemeanor, and who had been frequent offenders, ceased to be customers at the juvenile courts and probation offices after their intestinal irritation, or an aching tooth, or a tight prepuce had been removed. It is forcibly suggested that with every agency dealing with juvenile delinquents, a medical inspector should be co-ordinated. We shall find that in place of prisons and reformatories, we should have a larger number of special educational institutions, and of



sanitaria and hospitals for juvenile offenders, and for backward children in general; and that our system of education will have to be thoroly revised so as to be better adapted to the genius of the child than it is at present.

One more condition may be mentioned. In a recent investigation into the causes of truancy, in Milwaukee, it was discovered that in fifty cases the children did not come to school for the reason that their parents were too poor to buy them decent clothing. In a great many States and communities where compulsory education laws exist, parents may be excused from sending their children to school on account of their inability to clothe them properly. Nobody seems to be interested officially in what becomes of these neglected and unfortunate children until they are picked up later on from the streets by the police officers as juvenile offenders—unless private charity extends a helping hand. These facts open up the long chapter of social problems in regard to the saving of our precious child material which is going to waste right along thru neglect, misery and poverty. It is natural that these children help to swell the ranks of the backward and inefficient, those who are destined to become a burden to society.

Miss Jane Addams, in a recent article (McClure's, December), has forcibly shown the disastrous effect of "economic pressure." And at the Annual Meeting of the Children's Aid Society (New York), Secretary C. Loving Brace stated (Nov. 28, 1911): "Poor and insufficient food, noise, confusion, excitement day and night, have favored the development, among the young, of St. Vitus Dance. Poor food, little sleep and long hours of confining labor are having the deleterious effect to be expected upon the older children." He also said that last year 8,125 homeless boys sought shelter in the society's working homes, which is the largest number in many years. His report showed that 655 orphans or deserted children gained thru the society permanent homes, and that the society has under its care 2,346 children in foster homes. Sixty-seven of these guardianless children were legally adopted this year.

These facts also open up the still longer chapter of the problem of social strata—human layers, as it were, every one of which represents a different type of civilization, yea, even a different stage of civilization. Modern society is no longer made up of fairly homogeneous elements as in the past, but is rather a mixture of racial and evolutionary elements, the blending of which into one body for active



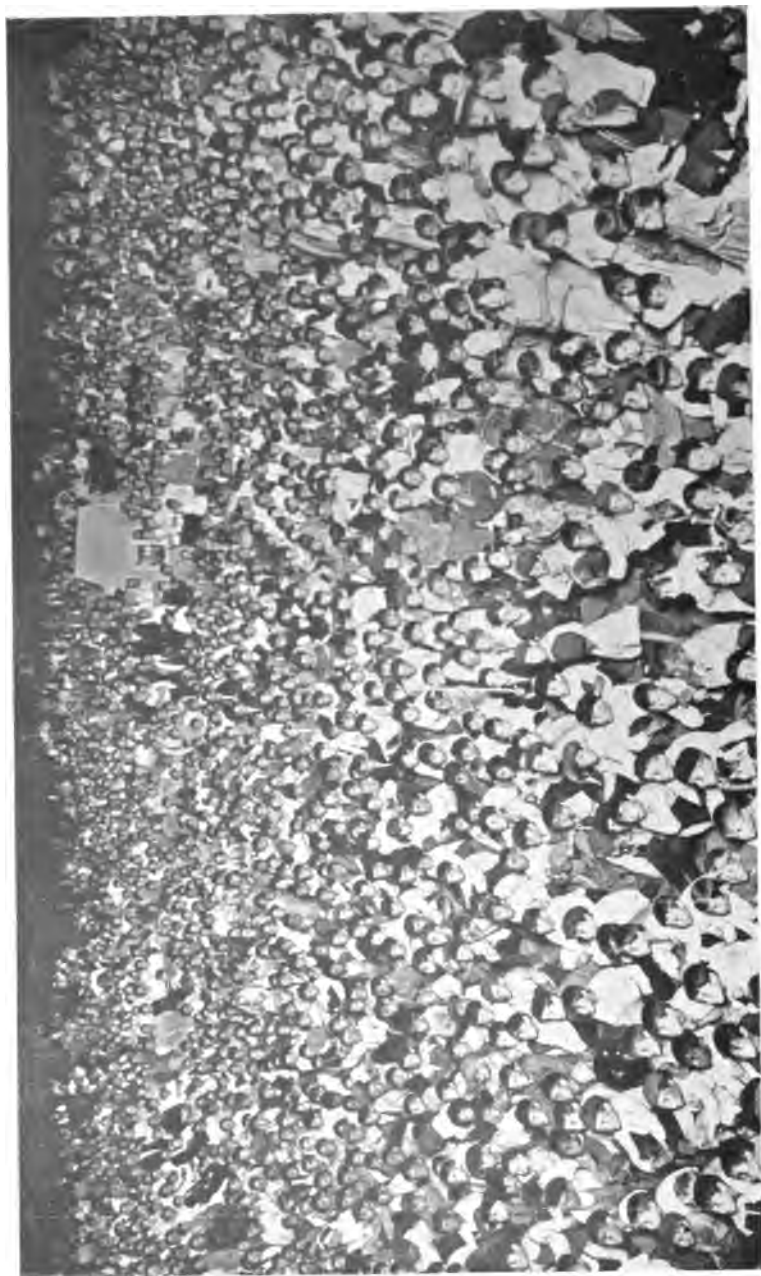
progress in culture is a most perplexing problem. This condition has been produced by the often overlooked fact that in every nation, since the time of the migration of peoples and even earlier, there have existed whole sections of the population, perhaps the conquered or oppressed aborigines, who, while they were dragged along thru the ages, were hardly ever vitalized by the progress of civilization. They have remained stagnant, and to this day represent instincts, impulses and ideals characteristic of bygone centuries. In a sense, these may be called our contemporary ancestors. In social and political upheavals, like revolutions and labor strikes, these undercivilized strata often get the upper hand. The problems of the North American Indian, the negro and other white men's burdens belong to the same category.

But all these matters can be but slightly touched in this brief statement. Other papers in this conference may discuss some of them more thoroly, and further discussion may be had at some future time. My own aim in this paper was to show that there is a vast difference between the relatively few cases of abnormal conditions and the far greater number of children who are handicapped in many other ways; to show that there is a difference between **arrested** development, which can go no further, and **retarded** development, which may produce power and genius; between backwardness and feeble-mindedness; between the bad boy and the criminal. Let us give to the feeble-minded and abnormal class the attention it needs. But let us emphasize that education is largely concerned in the saving of those who can be saved, in the uplifting of those who can be uplifted, in the progressive movement of civilization and culture which will carry the banner of humanity to loftier heights. A morbid interest in the abnormal must give place to a healthy interest in the constructive education of those who have sufficient normal stamina to be able to constitute a healthy social body.









**The Picture Upon Which Dr. Elliott Based His Remarks**



## II.

### THE EXCEPTIONAL CHILD FROM THE STANDPOINT OF THE SOCIAL WORKER\*

By JOHN L. ELLIOTT, Ph. D.

Associate Leader, Society for Ethical Culture  
New York City.\*

In looking at these children, I had begun to analyse and to note their needs by marking the exceptional cases,—both those who are deficient, and those who are, because of their unusual gift, in need of special training.

I was obliged to give up this attempt because I found that nearly every child of that group of 1,500 children was in some way exceptional. The number of those whose faces are upon the screen who are mentally deficient is very great. I have lived among these children and their parents for nearly 18 years, and though I cannot claim to know all of them, I nevertheless am acquainted personally with a great majority. It fills one with a very deep sense of pity when he looks at such a group as this, knows the capacities of most of the children, has watched their feeble attempts to adjust themselves to the life of the community, has seen the strength and the weakness, and becomes aware that the great majority of these children will never make good. It is not that they are without capacity, but I am convinced that they never will have the opportunity of developing those capacities. Most of these children will have to earn a living by working with their hands; they are receiving practically no training in the schools which will help them in this direction; they are, to be sure, getting the rudiments of the three R's, a little French, a little German, and a little misinformation about George Washington and Abraham Lincoln; and when they have completed their course, they will leave school to climb on a delivery wagon, where their education will help them but little. I believe that the majority of those whose faces you see before you will eventually find their way into the human scrap heap. The fathers and mothers can help them but little, they are too ignorant and too poor themselves; and the schools will help them but little; and so unweaponed and untaught in any practical way, they will go out to work on delivery wagons and in factories to do the rough, cheap and unskilled work of the world, and while

\*Dr. Elliott exhibited upon the screen a picture taken of 1,500 children watching a moving picture show in one of the public parks of New York City, and based his remarks on this picture which is here reproduced.



they are yet young, be too old to grow with it. To no small extent vice and the diseases of vice have taken hold of these children. Many of them will die of consumption, and the schools which ought to be their one chance will help them very little either to health, wealth, happiness or worthiness. Can we not have more special classes in our public schools? Both for those who are mentally deficient, and those who are exceptionally bright? Can we not teach the children to learn by the use of their hands, and so insure them a little better against the degrading influences of poverty? Have we not gotten far enough to know that play awakens the interest, and that when children are at play is the best time to teach them? Can we not do something to save these children from the human scrap heap?

#### DISCUSSION

##### DR. THOMAS M. BALLIET:

Speaking on this point, I may say that the organization of our elementary schools is too severely simple. We give all children the same course for eight long years below the high school, keeping all of them together whether they wish to fit for college, simply go through high school, or go to work at 14. No European nation keeps all types of children together so long. We need differentiation of the elementary school into at least three types. One type for those who wish to prepare for college, in which the curriculum should provide early for instruction in modern foreign languages and in some other studies commonly taught in the high school. Such children are now wasting time in the elementary school. Secondly, there should be a type of school for those who are to go to work at 14 or 16, and in this school the course of study should have a strong bent in the direction of the vocation which the child is to enter. Thirdly, there may well be kept the present type of school for that considerable number who cannot tell early whether they can go to a high school or college, or not. This should be the minimum number of types of elementary schools above the fourth or fifth year of school. Besides these, there should be special schools for defective and other unfortunates, such as we now have in a number of cities.

For the duller children far more emphasis should be laid on hand work and various phases of industrial education than is now the case. Such work, to a certain extent, is the very best training for all children. We must remember that the human race was educated for thousands of years before there was either reading or writing. The human race has been on this earth at least 60,000 years, and probably much longer, while reading and writing date back at most only between 7,000 and 8,000 years. As a means of education for the masses, they date back only a few centuries. Anthropologists tell us that at the dawn of history the human brain was virtually as large as it is today. This in a broad sense was the product of education, but it was not the education of books. Primitive man was



educated by fishing and hunting, and later raising plants for food; by sewing together the skins of animals to provide clothing for himself; by building huts, and later, houses to shelter him from the elements; by inventing fire and learning to cook his food; by studying plants and animals, watching their habits,—learning how to trap and domesticate the one and how to grow the other. In short, he was educated by what we now call manual training, cooking, sewing and nature study. These, you observe, are the oldest means of education, which some people with an intelligence almost human, often characterize as “frills and fads.” The real “frills and fads,” if there are any, are reading, writing and arithmetic. In the case of the masses of the people they have been used as a means of education only a few centuries. Years before population flocked to the cities, this old education was got out of school. This is no longer possible; and the great problem of education today is how to preserve this old and effective means of education by incorporating it in the curriculum of the school.

JOHN M. FLETCHER, Clark Univ., Worcester, Mass.:

I surmise that it may be claimed that something definite and constructive should be suggested. I fully appreciate the factor of home influences in education, and surely no one can fail to value the earnest and efficient work in the past of the public schools themselves in the solution of the problems which they can appreciate more than anyone else. Nevertheless it remains true that most of our educational ideals and even methods have a way of sifting down from higher institutions. The impetus which Harvard University gave to the elective system, for instance, is still finding its way into lower and lower strata of our educational regime. It seems to me therefore to be pertinent to suggest here that the question which Dr. Elliott's lecture and Dean Balliett's remarks have raised is a question which can only be solved by scientific investigation through the help of the best facilities of our best institutions. The questions of individual differences, intellectual tests, physiological age, and the like, are at present of great interest to psychologists, especially educational psychologists. The study of these and kindred matters, it seems to me, should constitute the prerequisite for even an attempt at a solution of the issues raised. I, therefore, feel convinced that every institution where prospective teachers are being trained should feel itself obligated to offer training along the line of the clinical study of the child.



### III.

## EDUCATIONAL NEEDS OF VARIOUS KINDS OF EXCEPTIONAL CHILDREN

GEORGE P. BARTH, M. D.

Chief Medical Inspector of Public Schools  
Milwaukee, Wis.

With the increase in the complexity of social organization and business activity, the problem of educating children so that they may assume, for them, the most advantageous position among men and women has become increasingly difficult. Not many years ago it was thought that the school was doing its full duty toward children by supplying a fixed curriculum which was to be completed in a definite time. Those who lagged were classed as dullards and were as driftwood on the seas. Today, however, a different conception prevails and the efficiency of an educational system may now be measured by its ability to develop **every** child within its jurisdiction to the limit of its capabilities physically, mentally and vocationally. In order to do this, the educational authority should have at its command all the agencies necessary for this purpose. Inasmuch as progress is so largely dependent on health and normal physique, one of the most important of these agencies is a fully developed system of medical inspection. This should be an integral part of school management. In Milwaukee this is the case. A physician calls at each school every second morning and examines every child which the teacher or principal desires to submit for any reason of health or lack of progress due to a suspected physical defect. Further than this, each child in the school receives a physical examination. The medical departments also controls the transfer of children to special classes, (except the ungraded classes) or to special schools, (except the trade schools).

Dr. M. P. E. Groszmann visited Milwaukee and while there requested me to outline the methods there pursued in the disposition and education of the exceptional child. In order to do this in a logical way it will be necessary to begin with the special help hour. This is from 3 to 3:30 p. m. daily and is devoted by each teacher in tutoring the few children who may have found a particular lesson of the day hard of comprehension or who may be lagging behind the others in a particular branch, due possibly to absence on account of illness, or in helping those brighter children who



can progress more rapidly than the others and who have been given a trial promotion into the next higher grade.

Should this period not suffice, the next step is the ungraded class. This class is designed for such pupils who are not conversant with the English language or who require more help in a particular branch or particular branches than can be given by the special help period. Foreigners remain in this class until they have caught up with a grade comparable with their age. The others enter for special help in the study in which they are behind during the period of the day which is devoted by the class to that branch. The classes are small, consisting of from fifteen to twenty-five children. Should this fail to effect adequate progress, the children are reported for special investigation.

#### **Method of Investigation.**

The teacher having come to the conclusion that the child is retarded through mental disability proceeds to study the child with a view to discovering peculiarities of character and disposition, home environment and culture and physical disabilities as manifested in the class. These are entered on a blank and are then reviewed by the principal of the school in consultation with the teacher. Should he agree, the card is sent into the central office through the medical inspector. The case is then taken up by this office and the child given a painstaking physical and psychological examination. Family and personal history are obtained from the parents of the child. If then the conclusion is reached that the child is exceptional, it is transferred to the exceptional class or the exceptional school.

The classes for mentally exceptional children are located in the school buildings and are conducted largely as are the upper classes in the school for exceptional children. The classes are small, never over fifteen, but their hours conform to the hours of the other children. The curriculum differs markedly from that of the school, however. Here are gathered those children who are behind their grade for several years, due to inability to do the work as rapidly as other children.

The opening exercises constitute a fifteen minute drill in morality and social obligations. Recesses are frequent. Great stress is laid on such subjects as will be of practical benefit to the child when it leaves school to compete for a livelihood. Reading, writing, spelling and arithmetic constitute the studies and a large part of the time is spent in manual training and gymnastics.



### **School for Exceptional Children.**

In the exceptional school are segregated the more serious cases of the mentally atypical and the subnormal from the schools in the vicinity. The method and course of instruction differs markedly from the regular school. The hours of instruction are from 9 to 2:30 daily. The children meet in the general assembly room and the first fifteen minutes are spent in the teaching of ethics. The children then proceed to the various classes for instruction. There are four graded teachers and each teacher has from twelve to fourteen pupils. The teachers divide their classes into several sections. No attempt is made to compel children to complete a specified amount of work in a given time, but rather by kindness and persistence to instil the desired knowledge. Encouragement, good will and cheerfulness prevail. The whole instruction pursues lines of practical application. Thus besides the arithmetic tables, their application to money changing, distance measuring, barter and sale, etc., is taught. Manual training consists in the making of articles of daily use.

After each period the children return to the general assembly room, where the head teacher reviews them as to their physical condition. They then proceed to the next lesson. There are no fixed grades for any child. Thus a child may be doing fourth or fifth grade work in arithmetic, and second grade work in spelling or reading. At noon they are furnished with a hot dinner and this is followed by a rest period. A special instructor in physical training is supplied the school by the department of physical training, who strives by exercise to obtain and to maintain muscular coordination so often lacking in these children.

Each student in the exceptional classes as well as in the school receives a thorough examination by the dental inspector and by the inspector for eye, ear, nose and throat.

The Board of School Directors has placed a fund of five hundred dollars at the service of the Department of Medical Inspection and the Free Dental Clinic Association has established a Dental Clinic in the offices of the Medical Department and by these means any child of indigent parents in the public schools may receive glasses or the necessary dental care free of all charge.

When a child has reached a certain degree of proficiency in Manual Training or an age where school attendance is no longer advisable and it has shown sufficient ability along any line of work so that it can be reasonably expected that it



will be able to earn a livelihood in that line, it is sent from this school to one of the trade schools, there to devote its entire attention to some practical form of work.

If, on the other hand, it is found that the mentality of the child is such that permanent segregation from society is advisable, the child is sent to the state institution for feeble-minded, through the medium of the Juvenile Court.

#### **Medical Inspection and the Truancy Department.**

The medical and the truancy department being departments of the Educational System of the city, work hand in hand in the settling of cases of truancy. When a child is reported truant and the contention is made that the child is absent because of ill health, the case is referred to the medical department for investigation and report.

Also all children who are difficult or incorrigible and have become truants in consequence, are given a thorough examination with respect to physical or mental abnormalities, to determine whether these might be accountable for their delinquency. Should a physical defect be present, an attempt is made to have this corrected, or if it is due to sub-normal mentality, the child is placed in a suitable environment.

Should it be necessary to take the case to the Juvenile Court the records of the examinations made by the medical inspectors of schools are accepted as evidence in the final disposition of the case. This is also true of cases of parental neglect, the school nurses giving testimony as to the home conditions surrounding the child.

The department maintains a close affiliation with all the charity and relief societies of the city, and where food, clothing, nursing or hospital or dispensary care is needed, the organization doing the particular form of help needed is communicated with and the case given in their charge.



#### IV.

### HOW MOTHERS SHALL LEARN TO TAKE CARE OF AND BRING UP THEIR CHILDREN

EDWARD L. STEVENS, Ph. D., L. H. D.,

Associate Superintendent of Schools, City of New York

There are many hundreds and thousands of children who need proper bringing up; many of these need individual instruction. There are thousands of such children in this city. There need be no question about this at all and no denial of the fact that these conditions exist.

What I wish to speak about is the home and the function of the home and the profession of the home-maker and the home-keeper. There is a certain profession known as the law; it requires a certain specific preparation. As the years have passed the preparation for this profession has been highly organized. Considerable advance has been shown. I doubt if any of those now present could be admitted to the practice of law on the same basis as I found when I secured a law student certificate in 1888. Great progress and development has been exhibited in the practice of medicine. We no longer permit inexperienced and ignorant people to practise upon the ills and disabilities of the weak and ignorant. How much more necessary is it that we require intelligent direction and control over the lives and development of the weak and ignorant who are born to us, namely our babies and children!

I desire here at this time to allude to a condition which is most important; which in its terms is most imperative and necessary, namely: the training of women in this country, and in fact all through the world, to be mothers.

Is there any profession which requires more knowledge and more wisdom, more zeal and better training than that which is required of the good mother? She must be trained in a biological laboratory in order to understand how she may bear and nourish her child and how she may give it proper food and select and shape its clothing; she must have a sociological training in order that she may know how to manage her household, thus being able to employ or discharge servants, to discover the means of increasing their efficiency or of retaining their services by increasing their happiness; she must have a training in a chemical laboratory in order that she must know how to manage



her kitchen and to deal with problems of sanitation and cleanliness.

What are we doing to train these young girls to be mothers and housekeepers with this quality and quantity of service? You may talk about the problem of the exceptional child, but isn't the problem rather—what are you going to do with the mother and for the mother of the child whether it be exceptional or otherwise? Because, do you see in these later years, particularly in cities, the real head of the family has come to be the mother and not the father? The father is obliged to go away in the morning and stay all day. It is the mother who raises her family. It is the mother who trains or ought to train her children.

Perhaps in all this we must do as Oliver Wendell Holmes suggested: "Begin with the training of grandparents." He said, as you will remember, that a man should be very careful in selecting his grandparents. But we must begin somewhere, and instead of beginning with the pupil, I want to begin with the girl who is going to be the mother of some other child of the next generation.

High schools should be doing something; yes, considerable. One of the things that keeps me awake nights is the thought—how shall we train girls to become efficient in homes?

It must be realized that the exceptional child is in a very large degree the neglected child, and we may then ask: Who has neglected this child?

This indictment of neglect may be equally distributed and directed toward the mother, the father, the school, the church, and any organized activities of society. Furthermore, the trouble may be realized to be one which is increasing in cities because of the rapid increase of urban population. This city problem is also aggravated by the fact that city population, particularly on the Atlantic coast, is becoming largely cosmopolitan. That which was New England is now becoming New Europe, but of this I can not speak at length.

In solving or attempting to solve the problem to which I have briefly referred, we must make use of certain organizations. For example, one of these organizations through which we must work is the Community Club. Another of the organizations is the Community Settlement, particularly indicated in the larger communities or cities. Another is the particular activity or activities that the public school organization has been able to develop.



But the most useful organization that I can imagine in dealing with this problem, first of exceptional children, and second of the parents of exceptional children, is the church.

Here is an opportunity that the church seems to have lost—not to save souls, but to save minds and bodies. It seems to me that this great organization with all its endowments and foundations, with all its ministers and deacons and trustees and committees and activities, should begin the work of salvation here in the immediate present. There is a tremendous organization already in existence, possessing enormous potential energy, which must or ought to be made kinetic.

Let us find out if we cannot begin to teach parents how to take care of their children and how to bring them up to become efficient and honest and brave and strong. Let us find out in each community what instruments and means we have to bring these things about. Let us teach women that if their children are really defective they should not harbor them or screen and conceal them from the knowledge of the community, but that they should put them where they may receive very efficient and more helpful and better care than they can receive at home. Let the school and let the church, whether it be Jewish or Catholic or Protestant, busy itself in these immediate concerns which affect the lives and happiness, not only of this generation, but of those that follow.



V.

**HOW TO SOCIALIZER THE UNSOCIALIZED CHILD.  
CONSTRUCTIVE ATTITUDE TOWARDS  
PSEUDO-ATYPICAL CHILDREN**

**By RICHARD WELLING, Pd. M.  
Municipal Civil Service Commissioner  
New York**

A constructive program should provide for a proper outlet for the child's individuality without repression or suppression.

This applies to all normal children.

The pseudo-atypical child differs from the typical or average child only in that he has a more marked individuality or suffers from an unfortunate environment. He is the victim of conditions that have suppressed or warped his individuality; or he possesses a more robust temperament which finds expression in a manner not conducive to the welfare of society. He may be different from the typical child, but he is not less normal.

Professor Jencks has pointed out that the pseudo-atypical child is apt to be the child of greater independence of character.

The causes that make a child pseudo-atypical may be found within the child or may be due to outside influences. When within, it is due to the belated functioning of the brain cells, or to the retarded development of the senses. This is the problem of the teacher. On the other hand, it may be due to the child's environment, such as improper guardianship, poverty, general neglect, retardation due to the existence of contagious disease in the family, or constant change of residence. This is the problem of the State.

The task of both the teacher and the State then is to develop the child's finer potentialities through self-activity and the creation of an environment that will give the individuality opportunity to grow.

Countess Montessori bases all her teaching on the development of a child's individuality and a careful avoidance of all repression. This is done by observing the unfolding of the child's personality and by guiding it along the lines of its own development.

There is no limit to the number of activities that may be found useful in developing the latent self-activity of the



child. The development of the creative instinct through manual training has been of tremendous assistance. The independence of the child is preserved and its initiative developed through self-government. Retardation and truancy are due largely to superimposing upon the child a standard of conduct beyond its grasp, or not applicable to normal child life. This is avoided by giving the children a measure of self-government under proper supervision which enables them to give expression to their own standards which should and can be made to conform to the moral standards of their elders, but which should none the less be accepted by the children.

An excellent illustration along these lines is given in Public School 120, in New York, under the charge of Miss Olive M. Jones. She has charge of the truants and the so-called "incorrigibles" of a large neighborhood. The effect has been to enable the regular classes out of which these children are taken to make more rapid progress.

The methods she adopts are innumerable, but she lays stress on the necessity of ingenuity in individual cases and on using as few restraints as possible. To create proper environment she inaugurated home visits and parent's evenings and an alumni association. She gives individual instruction, restricting her classes to 12 or 13, and lays special stress upon gymnastic work and manual training. Manual training has worked such wonders that two-fifths of the day is devoted to it. These are but some of the methods of self-expression she has found for the children.

She has not overlooked the importance of ethics and the laws of hygiene. At Christmas time she takes the children out of themselves by setting them at work making presents for neighboring hospitals. Her idea is not to distribute blame so much as to praise and reward the children for good work, making ordinary school events privileges valued by the children, e. g., making attendance at the morning session a privilege and building up class pride. A court for the trial of offenders is appointed from among the pupils. They are trained in civics and are allowed a certain measure of self-government.

She finds the chief causes of retardation to be due to

- (1) Irregular attendance, due to home conditions.
- (2) Truancy, due to
  - (a) Courts.
  - (b) The parents.
  - (c) The attendance officer.



- (3) Ignorance of the English language.
- (4) Delay in beginning school work.
- (5) Transfers from one school to another, which demoralize the child.
- (6) Physical defects, such as sluggish mentality, etc.
- (7) Excessive size of classes.
- (8) Irregular teaching due to absence of teachers.
- (9) Part time teaching.
- (10) Varying ratings of teachers not in accord with one single system.
- (11) General inefficient teaching.
- (12) Improper promotions.

Besides accomplishing the actual permanent reform of 350 delinquent children she has discovered and classified the causes which produce delinquents and truants, and has now established a place where the proper methods can be applied. A favorable report upon her work (March, 1908) contributed much to the defeat of the last movement in favor of corporal punishment.

The parents have not been relieved of their responsibilities, and respect for the home has been kept alive in the breasts of the children who have not been institutionalized. The preventive work of this school is in fact one of its chief claims to notice.

Of course, the best known instance of the effective handling of pseudo-atypical children by means of self-activity enabling them to realize themselves through self-expression is the George Junior Republic. Mr. George states that no graduate of the Republic who has not left prematurely has turned out badly in his or her subsequent career; that is to say, has arrayed himself against society, required surveillance or become liable to arrest. When it is realized that the Republic is made up largely of difficult cases, this is remarkable testimony.

The results secured have been through allowing the children to work out their own problems under good and inspiring personal influence. They make their own selection of the work by which they propose to gain a livelihood. They govern themselves according to standards wrought out of their own personal experience and initiative.

The children have been recruited largely, although not entirely, from the so-called "slums"; they were newsboys, bootblacks, truants and so-called "incorrigibles." A standard of community life having been created, the children have



been allowed to work out their own destinies. The pressure for food, the inexorable law being "Nothing without Labor," and the fear of punishment administered by the children themselves (offences being tried by their own elected judges), have solved the problem. The rules of conduct have been made by themselves and have thus conformed to their own standards as established by their own practical experience.

One boy who had a varied career as a "hold-up-man" ultimately became President of the Republic and was one of the mainstays at a critical time when corruption had sprung up in the Government.

Another youngster while living in New York City was, as he puts it, "led to conclude that a rather extended vacation in the country would be quite desirable." After a while spent at the Republic he also became a mainstay; could be trusted to bring runaways home, and later became President and Judge. He is a graduate of Harvard University and is now a successful journalist.

Another boy seemed to be a "defective." He continually ran away, would not work, was unresponsive and refused to take his punishment seriously. He seemed to take very cheerfully such things as starvation or terms in jail. Finally he decided that farm work was better than starvation and jail terms, and having once taken hold of the hoe he stuck to it and became a good, self-respecting citizen.

Another boy was the leader of the toughs in a city on the Hudson. After he had spent some time in the Republic it was found that the citizens had great respect for him because of his physical prowess. He became the best keeper of the prison that the Republic had had up to that time. Once properly started he became interested in the general welfare of the Republic. He entered Syracuse University and is now connected with the Solvay Process Works. The same qualities that made the law-breaker went to make a good guardian of the law.

Another boy came from the New York East Side and had quite a reputation as a tough character. At the age of twelve he got into difficulties and was taken to the Republic. Although he had already passed the entrance examinations to the College of the City of New York and was of unusual mentality and strong temperament, his activity found expression in many crooked ways. At the Republic his independent character and natural initiative re-



sponded almost immediately to the responsibilities thrust upon him. His career as a judge is still remembered. He is now a lawyer in high standing and is one of the trustees of the Republic.

It is interesting to note that there is not a case where a citizen does not take pride in the Republic and does not look back to his membership therein with an entire absence of shame.

A change in the child's loyalty in all these cases was the end to be effected.

The boys and girls have shown an astonishing capacity to deal with social and political problems similar to those that arise in the world outside.

Mr. George has noted that a boy who was arrested became a hero among his mates. He was recognized as having a little more pluck than the rest, more daring and as more capable of leadership. When a situation is created by which offenses when committed are against laws and rules of conduct established by the children, the offender is no longer a hero, but an outlaw according to their own standards. Society must, therefore, make its appeal to the loyalty of the child.

The experience of Judge Lindsay with the pseudo-atypical children has been illuminating and has been imitated with successful results throughout the country. He tells us that he was first awakened to the true cause of delinquency in children when a case was brought before him of boys charged with stealing pigeons. He found, to his amazement, that it was of the same bird fancier whom he had planned to rob when he himself was a youngster of ten or eleven. The only difference was, as he saw it, that while his nerve had failed him, the boys before him had had the pluck to carry the plan through. This was another case of wrong standards; of loyalty to society not yet developed. They differed from the typical boy only in that they had not accepted the standards created for them by their elders and in that their loyalty to the State had not been developed. Judge Lindsay developed their loyalty to the State first through loyalty to him. He trusted them and even according to the standard of the most degraded savage trust calls forth trust in return.

Judge Lindsay recognized that the most important element in the handling of pseudo-atypical children is in bringing them to a recognition of proper standards and



he indorses self-government in the schools as a matter of first importance.

School principals agree that the beneficial effect of pupil self-government has been especially notable on the truants. One principal (Miss Miller, of Eau Claire, Wis.), says: "In no one instance has it failed to get them." The principals are unanimous in reporting that this has been due largely to the creation of public opinion among the children themselves.

Miss Simpson, of Public School No. 110, New York City, reports the case of a Jewish boy—a red-blooded tough, who threatened to give grave trouble. The boy Chief of Police, with public sentiment behind him, took charge of the case. The young tough saw the light, used his energy in another direction, became a militant good citizen and finally was elected Mayor and was a good Mayor at that. It was only natural that where the mistaken loyalty of the boy may have been to his gang or to his mischief-loving hero, as his native qualities were militant and aggressive, **when once this loyalty was properly directed**, the original worst offender should become Mayor of the school Republic.

In a large number of instances the unreflecting teacher simply uses militant methods of discipline against the militant characters of these so-called bad boys. Blindly and perpetually the fight goes on until through a course of years the boys have become accustomed to the brand of so-called "wickedness." These teachers have not the knack to inspire loyalty in the government as represented by themselves, and they have not the patience or they lack the imagination necessary to put into practice self-governing principles.

Miss Simpson furnishes a remarkable example of the results of pupil self-government, not only with typical children, but with pseudo-atypical and even "atypical" children. All are permitted to take such part in the government of the school as they are capable of, and she has had remarkable results in the practical elimination of truancy and in the control of mischievous boys.

In the case of many, results have been secured through a recognition of their special talents and in the encouragement of the development of any particular gift or aptitude. She has not only gotten at the children as in other schools, through manual training and gymnasium work, but she has also secured excellent results through encouraging the love of music, the giving of opportunities to cer-



tain boys and girls to play the piano, the violin or other instrument. Often her children have volunteered their assistance in the care of the blind, taking them to and from school, even learning the Braille system for the purpose of assisting them in their studies. The general effect of pupil self-government has been to act as a moral tonic on the spirit of the school. In one case she found that a youngster had been committed by the authorities for some misdemeanor. She learned that his one great passion was his love for playing the piano and that he had an excellent "ear." She simply let him play between twelve and one o'clock, and soon obtained a thorough influence over him. His interest in all his studies quickened and his loyalty to her and to the school was equal to that of the best pupils. Another boy loved the violin. He had been backward in all his work. Miss Simpson interested a friend in his music studies, with a fine effect on his entire morale. Another unusually vicious boy who might be regarded as "atypical" had difficulties of speech and was some years behind in his studies. He had some gift for drawing and a fondness for tools. She gave him every opportunity to use tools under proper guidance. The quickening of his interest and his general mental development have been such that there is no trace of his original viciousness, although in the beginning Miss Simpson reports he was the most trying case that had come under her notice. The important principle which she had grasped is to lay hold of **any** activity congenial to the child, by this means bringing him into general relation with the school authority and curriculum.

Miss Simpson points out that an important point to be remembered in the handling of pseudo-atypical and atypical children is not to place them in a position where their peculiarities mark them out and where they are likely to become the butts of their mates. To avoid this where boys are backward in any particular study, she does not place them in classes of boys and girls who are ahead of them, but allows them to work together only with those children who are approximately on a par with them. The child's self-respect must be nurtured.

The conspicuously successful work in the self-government carried on by Dr. Schlockow in Public School 109, Brooklyn, as well as that carried on by Dr. Veit, Public School 114, and by Dr. Maguire, in Public School 83, Manhattan, tend to show how constructive work serves as a



preventive and keeps the potentially atypical qualities from manifesting themselves. A proper measure of responsibility and self-activity finding expression through normal channels tend to quicken interest in studies, to eliminate truancy and to perfect discipline. I can only repeat that fundamentally there is no difference between the pseudo-atypical child and the typical or normal child, and the strong point in favor of all the constructive program above outlined is its applicability to both kinds of children.

The experience of the social settlements corroborates that of the schools. The street gamin and the normal healthy child respond in the same way to the same treatment. In one case the task may be more difficult but the tasks do not differ in kind.

This constructive work necessarily implies a teacher or leader of high calibre.

It is he who must create the atmosphere out of which are to grow the ethical standards, regard for the rights of others and self-respect; and it is the teacher who must give a tone of ideality and spirituality to the life of the community.

The practice of ethics, however, must grow out of the practice of life. Arbitrary standards must not be created, but there must be an understanding of moral values, of the relation of the individual to society and the citizens to the State.

The problem in some respects is beyond the school teacher alone. It is that of society as a whole. In a democratic society it is most important to save to the State those children who are exceptional by reason either of their innate individuality or because of peculiar environmental conditions. The State must create conditions making for healthy and normal growth, for healthy and normal individuality.

Perhaps the real solution can only come with an economic readjustment. The immediate responsibilities of the State, however, are clear.

Child labor is a large factor in the creation of pseudo-atypical children. The State must protect the newsboy, the messenger boy, the boy working in the factory and elsewhere where conditions are such that he is brought in contact with influences not conducive to moral and mental development. Most important of all, the child must be given his opportunity to play under proper conditions. Play-grounds and recreation centers are not luxuries, but



necessities. Home and factory conditions that create premature sexual development or tend to develop in the child a desire for unhealthy stimulus or excitement so that he does not find satisfaction in healthy play, must be corrected or stamped out by the State. The question of housing is equally applicable to the solution of the problem. The school teacher, in other words, can do his work only with the co-operation of the home and State. Light and air and space are the essentials of a healthy, normal childhood and of mental and moral development.

#### DISCUSSION

**DR. EDWARD L. STEVENS, New York:**

I have listened with great pleasure to the paper which Dr. Welling has just read. He has attacked the problem from the viewpoint of the highly intelligent and philanthropic laymen. As a representative of the public school system of this city, I may say that we have now organized something like 110 classes for exceptional or backward children. As Dr. Groszmann, Sr., knows, we began eight or nine years ago to make a study of the problem of the backward child, and we have thus far met with a reasonable measure of success. Dr. Groszmann will remember the investigations which I personally made at that time. I know of no other organization nor do I know of any other individual person or persons from whom has come such help and valuable advice in regard to the treatment of the exceptional child and the care of exceptional or atypical children as we have received from Dr. Groszmann and through this society which is represented here tonight. You will permit me to say officially as a representative of the Department of Education of this city, that the whole movement, the whole cause, of the care and treatment of the atypical child not only in this city, but in America, owes very much to Dr. Groszmann for his investigations and for his careful and analytical reports of observations and results.

**DR. MAXIMILIAN P. E. GROSZMANN:**

The work to be done is too complex to be carried on by any one small organization or by a set of people without the co-operation of all who are interested in this problem. We are now only broaching a problem whose solution is far off. It is only by patient labor and co-operation that anything good can be accomplished. Our organization is intended to focus and articulate these various activities on behalf of the exceptional child.

There were a great many points in the papers read tonight that might be emphasized and discussed. This evening, however, is not intended to be used for discussion. You are invited to meet socially for awhile and so talk over things in an informal way. Refreshments will be served by the ladies.

The meeting was then adjourned and a social time followed.







**SATURDAY, DECEMBER SECOND, 1911**

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**Fourth Session**

**9.30 A. M.**



**PRESIDING OFFICER**

**THOMAS M. BALLIET, Ph. D.**

**HELD AT THE**

**Assembly Hall**

**OF THE**

**SCHOOL OF PEDAGOGY, NEW YORK UNIVERSITY  
NEW YORK CITY**







I.

THE IDENTIFICATION, LOCATION AND ENUMERATION OF THE MISFIT CHILD IN THE PUBLIC SCHOOLS

LEONARD P. AYRES, Ph. D.

Division of Education, Russell Sage Foundation

(A Preliminary Report of a Co-operative Investigation made by the Division of Education of the Russell Sage Foundation and the Superintendents of Schools of Twenty-nine Cities).

There is entire agreement among educators as to the seriousness of the problems resulting from the presence of misfit children in the schools. There is great disagreement as to the best methods of identifying, locating and enumerating such children.

One set of authorities claims that the most satisfactory and significant criterion is the age of the child in relation to his grade. They erect an arbitrary age standard for each grade and say that all children older than this are "above normal age" or "retarded." The standard commonly agreed upon is one which rates as "above normal age" all children in the first grade who are eight years of age or older; those in the second grade who are nine or older, and so on for each of the following grades.

Squarely opposed to those who use these age-and-grade figures in the diagnosis of school conditions is another set of students made up of those who argue that this method is unreliable and misleading, and that the only proper criterion for judging retardation is not age in grade, but progress.

According to this second method, the retarded children are those who take more than one year to complete the work of the first grade, more than two years to finish that of the first two grades, and so on.

The question at issue is no mere quibble as to a detail of method, but a problem of real educational import. Every teacher has a keen appreciation of the gravity of the problems presented by the child who is an educational misfit, whether he be a misfit because he is a ten-year-old child in the first grade, or because he is a child of any age who requires two years to do the work of one. The superintendents, and principals, too, acutely realize the importance of "the lagging half that clogs the educational machine."

These are the reasons why it is important to discover



the best methods for identifying, locating and enumerating the misfit children.

In order of throw light on the problem, the Division of Education of the Russell Sage Foundation undertook, in the Spring of 1911, a co-operative investigation in which the superintendents of schools of certain cities were invited to gather data concerning the school histories of all the pupils in the elementary schools of their cities. All the cities chosen had eight grades in their elementary schools, and in every case uniform blanks furnished by the Division were used and uniform methods followed in gathering the data.

The form used for this purpose was termed an "Age and Progress Card," and the data gathered showed the ages of the children in each grade and the number of years each child had taken to complete the work up to that point.

These data furnish for the first time the necessary facts for comparing the age method and the progress method of computing retardation. Up to the present (December, 1911) complete returns have been tabulated of the school histories of 206,495 children in twenty-nine cities.

The method employed in tabulating the data divides the children of each city into young, normal, and over-age groups on the basis already explained, and, again, into rapid, normal, and slow groups on the basis of the number of years taken to complete the work of the grades. The care with which this division into groups is made may be illustrated by reference to the data gathered for all children of one grade in one city. At the end of the school year 1910-11, the age and progress records of all the children in the fifth grades of Elmira, N. Y., were as follows:

1. AGES AND YEARS IN SCHOOL OF CHILDREN IN ALL FIFTH GRADES OF PUBLIC SCHOOLS, ELMIRA, N. Y., JUNE, 1911.

Years in School	Ages		9	10	11	12	13	14	15	16	17	Total
1	..	..	..	..	..	..	..	1	..	..	..	1
2	..	..	..	..	..	..	..	..	..	..	..	..
3	..	..	1	4	2	1	..	1	..	..	..	9
4	..	..	3	14	11	6	1	..	..	..	..	35
5	..	..	1	34	34	26	6	4	1	..	..	106
6	..	..	..	9	34	24	15	8	..	..	..	90
7	..	..	..	..	2	17	22	2	2	1	..	46
8	..	..	..	..	..	3	8	5	3	..	1	20
9	..	..	..	..	..	..	..	1	2	..	..	3
10	..	..	..	..	..	..	..	1	2	..	..	3
11	..	..	..	..	..	..	..	..	1	..	..	1
Total	..	..	5	61	83	77	52	23	10	2	1	314



The table shows that there are 314 children in the fifth grades of Elmira, and that their ages range from nine to seventeen years, while their years of school attendance vary from one to eleven. Now, the age of eleven years is the normal age for children of the fifth grade, according to the commonly accepted standard; and thus, by drawing through the table the two heavy vertical lines, we divide the figures into three groups, leaving on the left all the children below normal age, between the lines those of normal age, and on the right those above normal age. When the figures in these three groups were added, we have the following results:

Below normal age.....	66
Normal age.....	83
Above normal age.....	165

In a similar way, divisions into progress groups are readily made. Children in the fifth grade who have been five years in school have made normal progress, and these we separate from the rest by the two heavy horizontal lines. Those remaining above the lines have made more rapid progress, while those below have made slow progress. Again adding the figures for the three groups we have the following:

Rapid progress.....	45
Normal progress.....	106
Slow progress.....	163

The immediately striking feature of these two sets of results is that the groups of over-age and slow pupils are almost exactly equal, the former containing 165 pupils and the latter 163. This is not at first glance surprising, for we have become accustomed, in the discussions of retardation during the past few years, to use the terms "slow" and "over-age" almost interchangeably.

Reference to the table, however, immediately shows the error of this use of the two terms, for while the over-age children (represented by the figures on the right of the vertical lines) are almost equal in number to the slow ones (represented by the figures below the two horizontal lines), the two groups are far from being made up of the same individuals.

This principle holds true, not only for the fifth grades of Elmira, but for the entire school membership of every city studied. **The children who are over-age for their grades and the children who make slow progress through the schools, are in large part different individuals.** This is the first important finding of the investigation.



### The Complex Composition of the School Population.

The discovery that many over-age pupils are not slow, and that many slow pupils are not over-age, leads to a further analysis of the figures. A glance at the table shows that it is divided into nine parts by the two sets of heavy vertical and horizontal lines. If we add the figures in each division, we have a new table, in which our 314 children are distributed by age and progress groups as follows:

II. AGE AND PROGRESS GROUPS OF 314 FIFTH GRADE PUPILS IN ELMIRA, NEW YORK, JUNE, 1911.

	Young	Normal	Over-age	Total
Rapid	22	18	10	45
Normal	35	34	37	106
Slow	9	36	118	163
Total	66	83	165	314

The significant feature of this table is that it reflects in an impressive way the complexity of the factors with which we are dealing when we group school children together in grades for the purpose of teaching them. Here are figures representing 314 children in the fifth grades of one city. We commonly think of such a group of children as having entered school at about the age of seven years, and since then, having progressed at the rate of one grade each year.

The data show how different the facts really are. Each age group is divided into three progress groups, and each progress group into three age groups, so that we find some children who are young but slow, some who are over-age but rapid, and every combination in between. The only children who are both of normal age and making normal progress are those in the little group of 34, represented by the figures in the centre of the table.

When the figures for all the grades are combined and the data for all the cities tabulated, we have results showing how the school memberships are divided according to the age and progress groups. The following tabular statement presents the average of the results for the twenty-nine cities:

Of every 100 children in public schools	29 are below normal age for their grades	Of these 29	6 have made rapid progress	21 " " normal " "	2 " " slow " "
	34 are of normal age for their grades	Of these 34	3 have made normal progress	21 " " normal " "	10 " " slow " "
	37 are above normal age for their grades	Of these 37	2 have made rapid progress	10 " " normal " "	25 " " slow " "

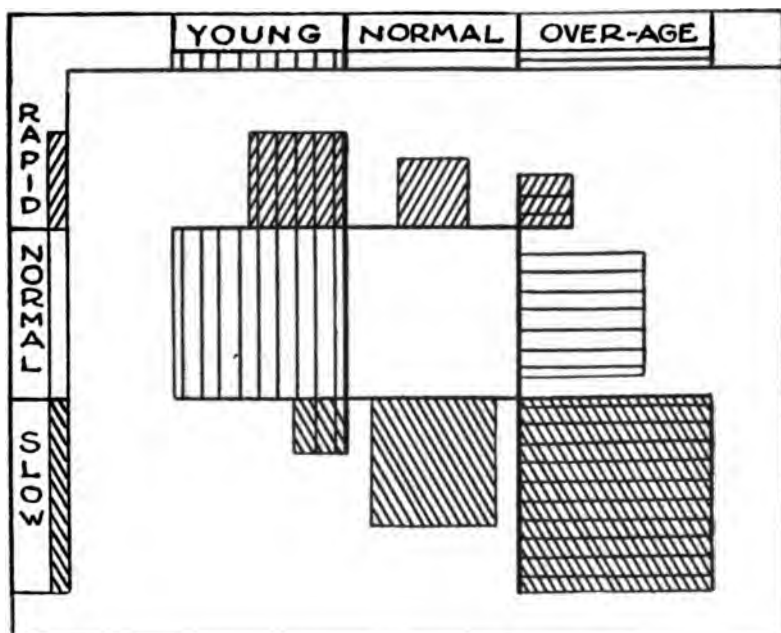


Expressed in tabular form, again on the basis of percentage figures representing the averages of the data for all the cities, this complexity of the school population becomes even more apparent:—

III. SCHOOL CHILDREN BY YOUNG, NORMAL AND OLD, AND BY RAPID, NORMAL AND SLOW GROUPS. PERCENTAGE FIGURES SHOWING AVERAGE CONDITIONS FOR 29 CITIES.

	Young	Normal	Old	Total
Rapid	6	3	2	11
Normal	21	21	10	52
Slow	2	10	25	37
Total	29	34	27	100

A still clearer idea of the relation of the size of each of these groups to that of each of the others may be gained from the same data presented in graphic form.



**Comparisons Between Cities.**

Many former studies of retardation based on age-and-grade figures have presented comparisons between different city school systems. These inter-city comparisons have been open to question and challenge on two counts.



In the first place, the data have not always been gathered on the same basis or at the same date, and as a result have not been truly comparable. Indeed, it has been demonstrated that slight differences in the date of gathering the figures cause marked discrepancies in the results. In the second place, the validity of these comparisons has been challenged because it is doubtful whether the per cent. of over-age pupils in a city school system is necessarily a trustworthy indicator of the efficiency of that system.

The present data offer better material for the comparative study of conditions in different cities because they are all gathered on the same basis and at the same date, and because they present at least six criteria for comparative purposes instead of one only.

Where former studies have shown only the per cent. of over-age pupils, these results show the proportions of young, normal-age, and over-age pupils, as well as the proportional size of the groups making rapid, normal and slow

IV. NUMBER OF PUPILS AND PERCENTAGE CLASSIFICATION IN AGE AND PROGRESS GROUPS FOR 29 CITIES, JUNE, 1911.

City	Number of Pupils	Age Classification			Progress Classification		
		Per cent Young	Per cent Normal	Per cent Old	Per cent Rapid	Per cent Normal	Per cent Slow
1 Amsterdam, N. Y.....	2371	49	23	28	30	49	21
2 Bayonne, N. J.....	7033	27	31	42	18	47	35
3 Canton, Ohio.....	5567	28	38	34	2	55	43
4 Danbury, Conn.....	1967	38	31	31	12	57	31
5 Danville, Ill.....	2260	28	34	38	7	55	38
6 E. St. Louis, Ill.....	5380	22	34	44	15	48	37
7 Elizabeth, N. J.....	7058	23	31	46	12	48	40
8 Elmira, N. Y.....	2487	38	28	34	10	53	37
9 Hazleton, Penn.....	2655	22	36	42	3	53	44
10 Indianapolis, Ind.....	23874	34	37	29	19	56	25
11 Kenosha, Wis.....	2223	16	36	48	7	46	47
12 Milwaukee, Wis.....	32251	28	41	31	17	61	22
13 Montclair, N. J.....	2568	18	34	48	8	47	45
14 Muskegon, Mich.....	3163	25	40	35	14	55	31
15 New Orleans, La. (White).....	23664	20	31	49	13	51	36
16 New Rochelle, N. Y....	3641	36	30	34	19	51	30
17 Niagara Falls, N. Y....	3244	31	33	36	6	60	34
18 Passaic, N. J.....	5541	17	32	51	14	48	38
19 Perth Amboy, N. J.....	3947	27	32	41	13	38	49
20 Plainfield, N. J.....	2312	30	30	40	6	56	38
21 Quincy, Mass.....	4540	50	31	19	4	52	44
22 Racine, Wis.....	4075	30	42	28	3	69	28
23 Reading, Penn.....	10585	25	35	40	6	47	47
24 Rockford, Ill.....	5649	28	40	32	15	56	29
25 Schenectady, N. Y.....	7846	26	30	44	9	52	39
26 Syracuse, N. Y.....	13610	42	29	29	7	54	39
27 Topeka, Kan.....	4894	26	38	36	11	58	31
28 Trenton, N. J.....	3787	31	31	38	7	49	44
29 Watertown, N. Y.....	3303	25	32	43	10	49	41



progress. The figures showing the membership of the elementary grades, together with the divisions on the age-and-progress basis, are presented in the above table.

The question now arises as to which is the best criterion for ranking the cities in order of excellence of their showings. Does that city make the best showing which has the greatest proportion of children below normal age;

the greatest proportion of children below normal age;

or, the greatest proportion of children of normal age;

or, the smallest proportion of children above normal age;

or, the greatest proportion of children making rapid progress;

or, the greatest proportion of children making normal progress;

or, the smallest proportion of children making slow progress?

any one of these six criteria, but in my opinion no one alone is of sufficiently greater significance than the rest to warrant its exclusive use. All of them should be taken into ac-

V. RANKING OF 29 CITIES ACCORDING TO THE COMPARATIVE SIZE OF THE AGE AND PROGRESS GROUPS, JUNE, 1911.

City.	Age Classification Based on			Based on Progress Classification		
	Per cent Young	Per cent Normal	Per cent Old	Per cent Rapid	Per cent Normal	Per cent Slow
1 Amsterdam .....	2	29	2	1	19	1
2 Bayonne .....	16	18	20	4	25	11
3 Canton .....	12	5	9	29	9	22
4 Danbury .....	4	19	6	12	5	7
5 Danville .....	13	11	15	19	10	15
6 East St. Louis.....	24	12	23	6	22	13
7 Elizabeth .....	23	20	25	13	23	20
8 Elmira .....	5	28	10	15	13	14
9 Hazleton .....	25	8	21	27	14	23
10 Indianapolis .....	7	7	4	2	6	3
11 Kenosha .....	29	9	26	20	28	27
12 Milwaukee .....	14	2	7	5	2	2
13 Montclair .....	27	13	27	18	26	26
14 Muskegon .....	21	3	12	8	11	8
15 New Orleans (White) .....	26	21	28	10	17	12
16 New Rochelle....	6	24	11	3	18	6
17 Niagara Falls....	8	14	13	23	3	10
18 Passaic .....	28	15	29	9	24	16
19 Perth Amboy.....	17	16	19	11	29	29
20 Plainfield .....	10	25	17	24	7	17
21 Quincy .....	1	22	1	26	15	24
22 Racine .....	11	1	3	28	1	4
23 Reading .....	20	10	18	25	27	28
24 Rockford .....	15	4	8	7	8	5
25 Schenectady .....	18	26	24	17	16	18
26 Syracuse .....	3	27	5	21	12	19
27 Topeka .....	19	6	14	14	4	9
28 Trenton .....	9	23	16	22	20	25
29 Watertown .....	22	17	22	16	21	21

count in an inter-city comparison of school conditions. The ranking of the twenty-nine cities on each of the foregoing six bases is as above.

Here is material for complacency or concern, or both, for the school authorities of almost every city. There is



hardly one of the twenty-nine localities that does not make a fairly good showing in at least one of the ratings, and, on the other hand, nearly all take low rank in one or more of the six columns. Some cities, however, like Indianapolis and Milwaukee, have uniformly high ratings among the twenty-nine cities, while others, like Montclair and Kenosha\*, are almost consistently near the end of the list in each of the six sets of rankings.

To summarize: The more important results of the portion of this investigation reviewed in this paper are the following:

1. Neither the age standard nor the progress standard of measuring retardation exaggerate the extent of the evil. On the average, results for a considerable number of cities are equal by both methods.

2. Average results show that slow children are as numerous as over-age ones, but that the two groups are in large part made up of different individuals.

3. The composition of school population is most complex judged by age and progress classifications. In every city, and in the separate grades of each city, each of the three groups is made up of three age groups, and each of the three age groups of three progress groups.

4. There is great variability among cities with respect to the age and progress compositions of their school populations. The range under each of the six headings in terms of percentages is as follows:

	Per cent <b>Young</b> from 16 in Kenosha to 50 in Quincy.
Age	Per cent <b>Normal</b> from 23 in Amsterdam to 42 in Racine.
	Per cent <b>Old</b> from 19 in Quincy to 51 in Passaic.
	Per cent <b>Rapid</b> from 2 in Canton to 30 in Amsterdam.
Progress	Per cent <b>Normal</b> from 38 in Perth Amboy to 69 in Racine.
	Per cent <b>Slow</b> from 21 in Amsterdam to 49 in Perth Amboy.

5. Judgments as to the relative efficiency of different school systems can not safely be based on any one measure, such as the proportion of over-age children in the system or the proportion making slow progress. Age and progress conditions are so relatively independent of each other that both sets of measures must be taken into consideration.

#### Limitations of Age-and-Progress Inquiry.

The foregoing statement of the methods of the present study and some of its results would be incomplete without

\*In the case of Kenosha, this may be partly explained by the fact that the sub-primary grade in this city is a connecting link between the kindergarten and the first grade.



an emphatic word of warning as to its interpretation. Students of education must steadfastly bear in mind that an age-and-progress study is purely quantitative and is restricted to phases of school conditions and results which are measured in terms of time. The figures showing the ratings of the school systems do not show which city has the "best" schools or the "most efficient" schools or the "most economical" schools. They do give valuable information, but they do not constitute a universal educational yard stick by which the effectiveness of school processes and results can be measured.

### DISCUSSION

#### DR. MAXIMILIAN P. E. GROSZMANN:

I feel that Dr. Ayres should be complimented upon the results of his investigation; the way in which he went into the work is very helpful. It seems to me, however, that some of his results must be revised. He has worked out an ingenious method of investigation—one that will help us to put the questions rightly in this very complicated problem. It is interesting also to see how such an investigation reinforces the contentions of this Association in its study of the needs of the exceptional child. It shows that what was contended yesterday was correct: that the public school system is too narrow; that it is really not adjusted to the needs even of the average child. It caters to the conditions of the so-called "bright" child. It maintains a traditional standard, dating back to mediaeval times of scholasticism and so-called humanism. It is not based upon modern culture and a psychological understanding of the growth of the child mind. All the estimates so far applied are wrong; we must get away from tradition and have a new point of view altogether. In studying the exceptional child we shall have to better understand the problem of education in general. We should also remember that the exceptional child is not always bad; he is exceptional because there is some mal-adjustment in his home or in his school life. He has been cheated out of something. All these various points have been reinforced by investigations, such as Dr. Ayres has made. There are many questions that enter into the solution of this problem. One of these questions evidently came to Dr. Ayres at the time he made his investigations. Should there not be more segregation or division in our school population? A difference was shown between the American and the foreign-born boy; also between the white and the colored race. Are there not fundamental racial differences to be considered in the schooling of these various types of children? We are only beginning the study of these problems. The study of the school problem is a very serious one and well deserves careful attention.

#### DR. MAX G. SCHLAPP, New York:

(Notes of remarks could not be obtained before this book went to press.)



**MISS ALICE T. WHYTE:**

Could some word other than "normal" be used to express progress between "rapid" and "slow?" Would "medium" fit the case? Our schools at present inhibit the normal rule of progress of the quick pupil by the cast iron system of regular promotion times. It seems hardly accurate from the psychological point of view to speak of the progress of the quick child as normal when there are not only no facilities for permitting his normal movement, but when all the force of tradition is against it. These quick children will be found in each of the three groups showing respectively rapid, medium and slow progress. A large number finding little interest in the slow pace of the class, employ themselves in anti-class interests and form habits of inattention. From these pupils are evolved a number of our truants, incorrigibles and even dullards.

**Dr. LEONARD P. AYRES:**

In my opinion the three best sources of information concerning the classification of school children are the following: First, the bulletin of the United States Bureau of Education entitled "Provision for Exceptional Children in Public Schools." Second, the article in the December, 1911, number of the Pedagogical Seminary entitled "Plans of Classification in the Public Schools." This article is by Dr. W. H. Holmes. Third, the report of the Brooklyn Teachers Association for 1910.

**Dr. A. EMIL SCHMITT:**

The first and most complete classification is that suggested a number of years ago, and recently revised, by our own educational director, Dr. Groszmann. In fact, all later classifications are largely based upon these suggestions, and even the term "exceptional children," used as a general term for all kinds of deviations, upward as well as downward, and which the authors referred to by Dr. Ayres also employ, is taken from Dr. Groszmann's classification. His suggestions have been accepted and endorsed by a great number of our best men in the various professions, and he is entitled to a recognition, not only for the priority of his work, but also for its comprehensiveness. The work of this Association is based upon the pioneer efforts made by him, and upon the formulation of the problem of the exceptional child as he has presented it.

**MISS ALICE T. WHYTE:**

With reference to the comparison of the number of students completing the eighth year of school in each of the twenty-nine cities I would like to ask if in collecting the statistics any "follow up" system was employed. In some cities, like Montclair, a large number of the children are removed from the public schools and sent to private schools, military schools for instance, before they reach the graduating year of the public school. Such pupils continue their education elsewhere. The comparison of the number entering and the number graduating there, would not be an indication of the educational standards of the city unless some "follow up" system were used.



## II.

### THE EXCEPTIONAL CHILD IN THE PRIVATE SCHOOL.

By FRANKLIN C. LEWIS

Principal Ethical Culture School

New York

In this scrap of paper I desire to accomplish two simple things. First, to indicate how general is the problem of the exceptional child in the private school; and, second, to suggest a general solution for this problem. A certain degree of self-respect restrains me from attempting more.

At least one private school I know has a good many children that deviate or seem to deviate from the average human type. I sometimes wonder if it is not nearer the truth to say that the exceptional child is the rule and the typical child is the exception. At any rate, it is a part of our educational philosophy to hold that every human creature is, in some respect, a unique being, and the outcry against the leveling effect of wholesale class instruction is a familiar sound to our ears. Surely we cannot draw sharp lines between typical and atypical children any more than we can set definite dates for the passage from infancy to childhood, or from childhood to youth. But, omitting a considerable number of doubtful cases, we are able to classify several out of each group of individuals. I have attempted a rough classification of children in four of our grades.

One of our elementary classes is a group of 13 children, who were supposed to be in advance of one grade but behind another. They are literally an ungraded group. All would, I think, fall within Dr. Groszmann's classification of pseudo-atypical children. Nearly all show slower than the average rate of development. The progress of at least one is hampered by poor hearing and two by impaired vision. All but two of this class are more than normally difficult to control. Nearly all impress the teacher as deficient in the power of concentration.

Another grade of elementary school children is considered to be rather unusually bright. Out of 25 children there are 11 pseudo-atypical children, three of whom are probably atypical in the matter of power to concentrate the mind.

Still another grade, a B division of 20 children, contains 8 pseudo-atypical and 5 atypical cases.



And finally an A division of 24 children contains 13 pseudo-atypical and 8 atypical youngsters.

To sum up, in a private school that exercises care in the selection of pupils for admission, out of 82 children chosen at random, 42, or 50%, may be classified as pseudo-atypical, and of this number 25-30% are at least on the verge of the atypical class. The progress of six children has been retarded by change of school; of about 20, by slower rate of progress; of 8, by temporary illness; and of several—I do not know how many—by slight physical difficulties.

There are also 4 precocious children, 14 difficult to manage, 20 deficient in power of concentration, and 5 distinctly lacking in emotional poise. I confess to a shock of astonishment in reading these figures.

The pupils classified above, with few, if any, exceptions, are, in my judgment, properly placed in a school for typical children. What are we doing for them? What should we do for them? In answer to the first question, I am obliged to answer: "Almost nothing." We are doing very little indeed for our individual children, as such. Why? First and foremost, because we don't know them. We rely almost wholly upon impressions, and impressions do not constitute knowledge. The impression still prevails that knowledge of children must be intuitive; that it is absurd to try to analyze their mental make-up, to experiment and measure. That sort of thing, the idea is, cannot go beyond the child's physical nature. Well, the long and short of it is that this old idea is changing and that however much we insist upon the teacher's maintaining a purely sympathetic and intuitive attitude while teaching, we admit the desirability of his taking the scientific attitude between times. Generally, however, teachers are not prepared by training and are unfitted by experience to make a scientific study of their children. Hence the need, already recognized, of a psychological expert on the staff of every school. We hope to attach such an expert to the staff of the Ethical Culture School in the near future. This is my suggestion, not only for the solution of the problem of the exceptional child in the ordinary school, but also for the more definite study and more effective training of every child, who is indeed an individual like no other child that was ever born or ever will be born. I hope that the movement, of which Dr. Grossmann is the founder, will furnish us with such experts in the not distant future.



I am led to ask in closing: What should be the functions of such a member of a school staff?

(1) First and foremost, to train the teacher in the habits and methods of scientific observation and record making.

(2) Second, by tests, designed to eliminate confusing factors, to actually measure, compare with a norm, and record graphically from time to time the pupil's mental powers, such as reaction-time, memory, imagination, sensory development, and emotional poise, and the progress thereof.

(3) And third, to conduct experiments with groups of children that may lead to the discovery of general pedagogical principles and devices.

It may be objected that it is of no practical value to the teacher to have before him a chart or table of the pupil's mental abilities. It seems to me, on the contrary, that such a record has the highest practical importance. A single illustration must serve. Suppose it is found that a child's sensory images are almost entirely visual and auditory, being deficient in muscular, tactile, gustatory or olfactory images. It is now a commonplace in education that all the senses should be educated; but, is it not particularly true that, in proportion as the eyes and ears are dull, the mind can be stored and illuminated more and more through the other senses, particularly the sense of touch? This has been demonstrated in the case of defective children, and is the foundation of the Montessori method. Well, it strikes me that a teacher once made aware of wrong defects in a child, will set himself to devise means for remedying the same. Hence the value of the mental chart. This same point can be illustrated in many ways, no doubt familiar to you all. So long as we have children with differences (often atypical differences) in their entire mental and physical make-up, so long will it be necessary for the teacher to do more than smile and guess, and act according to impulse and feeling; so long will the need exist for accurate knowledge, that the teacher may plan his course with intelligence and, even in the heat of actual contact with the individual pupil, act true to this plan.

#### DISCUSSION

DR. MAXIMILIAN P. E. GROSZMANN:

Naturally, it was a pleasure to me to hear something about Mr. Lewis' work, as I had been connected with the Ethical Culture School for so many years in its formative period. It is



encouraging to find that so much has been attempted. Speaking of classifying the children—that is a very complex task.

I agree with Dr. Schlapp that we need trained specialists who should make these investigations—men that could arrive at some kind of a diagnosis. I wish to accept the suggestion that the educator should work with the physician. We are often dealing with pathological conditions in which both the educator and the physician are concerned, who must work together to accomplish what is needed. I am glad that attention has been called to this need.

I should like to add just one more word. How about the emotional difficulties we encounter? I am inclined to lay emphasis on the importance of these emotional disturbances. They are in a great measure among the causes of retardation, and also very important factors in the redeeming of the children. Another factor is segregation. Many of these nervous atypical children—those with emotional disturbances and tendencies, when separated from their homes and placed in healthy environments, have almost at once shown a change for the better and all the unfavorable symptoms seemed to disappear. Some are ready to agree to this in the case of children from poor homes. But I believe there are a great many belonging to the refined and wealthy families where the emotional conditions are just as bad, if not worse. A great many of these neurasthenic children can be helped merely by placing them under proper educational environment. A change of educational climate is a splendid thing in more than one way; it seems to do wonders for the child. It is therefore not merely a matter of some classification of the children in the schools; it is a matter of providing a definite educational environment. There are certain psychic factors which enter into a child's make-up and which should be taken into consideration.



### III.

## SOME OBSERVATIONS ON THE VALUE OF PHYSICAL ACTIVITIES IN THE EDUCATION OF ATYPICAL BOYS

GEORGE MEYLAN, M. D.

Assistant Professor of Physical Education and Medical Director  
of Gymnasium, Columbia University, New York

My interest in the educational problem of atypical children was aroused by some personal experiences with boys who manifested various deviations from the typical boy.

Under our present social and economic conditions there are many homes with intelligent and well-to-do or wealthy parents where the environment is distinctly unfavorable to the normal, physical and social development of children.

The manifold activities which were carried on in the homes of our grandfathers afforded valuable physical, mental and moral training to the children of those days. These opportunities are gone, never to return. The school is expected to furnish all the educational opportunities which were at one time provided in the home. The majority of the children adapt themselves to the new order and develop into normal, healthy and useful men and women. But there are many children, who because of inherited tendencies or unusual home environment, or both, fail to make normal progress in their development. These children we designate as exceptional or atypical when they deviate only in a small degree from the norm or type, and as subnormal, abnormal or defective when the deviation is marked and permanent.

Educators are realizing more and more that special teachers, special schools and special methods must be provided for the exceptional children, and a beginning has been made in providing these special facilities. The field is comparatively new and presents many problems yet unsolved. There are numerous institutions for definitely abnormal or defective children, but there is a need of facilities for the detection and proper education of exceptional children who are not abnormal. As a general proposition it seems unwise to mix exceptional children of the pseudo-atypical and atypical category with the definitely abnormal or defective. The normal, but exceptional children, often need the championship and stimulus of normal children who are not exceptional, but they must have special care in the



hands of teachers qualified for such work. This implies small classes and a large amount of individual supervision. A few small private boarding schools and summer camps are doing this work, but there is a need and a growing demand for increased facilities to care properly for the large number of children in need of these special educational opportunities.

I shall attempt here to report some general observations on boys who are normal, except for certain deviations resulting from unfavorable home environment and also a somewhat detailed report of an atypical boy.

The normal boy showing deviations from the type is frequently the only child of well-to-do or wealthy parents. In many instances the mother is nervous and over-indulgent. The father may be over-indulgent also, but in most cases he attempts to counteract the mother's indulgence and thereby arouses antagonism, which often leads to friction and lack of mutual confidence between father and son.

A boy living under such a home environment may present a number of undesirable symptoms, such as retarded growth from injudicious diet, selfishness, irritability, contrariness and lack of self-reliance and consideration for the rights of others. A boy who presents these symptoms and is allowed to remain without interruption in the environment which produced this condition, is in great danger of growing up to manhood with undesirable traits of character permanently fixed.

It is remarkable how quickly these symptoms disappear when boys are placed in a wholesome environment. A number of such boys have come under my observation in a boys' camp where the simple, active out-door life, association with wholesome boys and men, regular discipline, plain nourishing diet, systematic physical training and constant supervision serve to restore the boys very quickly to a perfectly normal condition.

Of course, there are marked individual differences; some boys adapt themselves at once to the new environment, while others find adaptation more difficult. One of the strongest factors in the education of exceptional boys is the keen desire in every boy's heart to be well thought of by his comrades. A boy quickly discovers his weaknesses, shortcomings and peculiar traits when thrown in the midst of normal and wholesome companions. The desire to win the approval of his comrades and the normal am-



bition to excel in competition with them constitute valuable agents available to the educator who seeks the normal, physical, mental and moral development of boys entrusted to his care. All activities of camp life, such as baseball, tennis, athletics, swimming, rowing, canoeing, boxing, woodcraft and campercraft enter into the educational program. A boy kept busy with these physical activities is usually a good boy, especially if these activities are wisely planned and judiciously administered. The results obtained are, in general: health and vitality, physical accomplishments, self-reliance, adaptability, unselfishness, courage and perseverance.

One definitely atypical boy was entrusted to my care. He was fifteen years old, somewhat below the average in weight and height and much below the average strength, muscular development and coordination. He was about two years below grade in his school work, although he manifested marked precocity in geography and history and unusual interest in political and social problems. He had read widely on these subjects and delighted in discussing questions of national and international politics.

The boy had no interest or experience in any of the plays and sports which interest boys. He spent practically all his time in devouring books on his favorite subjects.

Although brought up in a home of culture and refinement, he was careless in dress and personal habits. He was self-centered, proud and reticent; but, except on rare occasions, he was docile and obedient.

My greatest difficulty was to interest the boy in the camp activities which were so necessary to his development. He maintained an attitude of absolute indifference to the games and sports which absorbed and delighted all his comrades. He considered himself different from other boys and believed that it was useless for him to try to overcome his shortcomings.

I directed my efforts to winning the boy's confidence and friendship in order that I might persuade him to cooperate with me in my plans for his welfare.

Patience, sympathy and perseverance ultimately succeeded and the boy entered heartily into the program of activities arranged to meet his special needs. In a few weeks he learned to swim, to handle a boat and canoe; he learned to jump and run and was able to share in the various camp activities. He gained 12 pounds, 2 inches in girth of chest, and proportionately in other measurements. There was a



marked increase in general strength and considerable improvement in personal appearance.

When the boy left the camp to return to school he was not yet up to normal, but he was no longer a pessimistic, indifferent and discouraged boy, he had made a splendid start in gaining health, physical accomplishments, ability to live happily with his fellows, and the respect and good will of his comrades.



#### IV.

### THE RELATION OF THE STATE TO THE EDUCATION OF EXCEPTIONAL CHILDREN

By **FREDERICK E. BOLTON, Ph. D.,**

Professor of Education, State University of Iowa,  
Iowa City, Iowa.

It is only within very recent times that any consideration whatsoever has been given to the education of defectives. They have always been regarded as objects of pity and naturally the first institutions founded for them were either charitable institutions or asylums for the detention of those who might be dangerous to society. Food, shelter, clothing, and sometimes medical attention were thought to be the only means of making their existence tolerable to themselves and others with whom they came in contact.

Reclamation to society or happy adjustment to their lot were not thought possible. But now all is being changed. The blind not only have light brought to their benighted minds, but they learn many of the every-day industrial pursuits; the deaf learn to speak; the feeble-minded are studied with care, taught simple occupations, and adjusted to their conditions, and some even made self-supporting members of society. Even the insane are being studied, as well as incarcerated, and some of them are slowly educated back to a normal equilibrium.

All of this corrective work was first started by private individuals, and in fact most of the corrective and educative features are still being carried on by private endeavor. The state naturally regarded these unfortunate wards as objects of charity or as dangerous individuals. Consequently the first institutions provided for them were called asylums, or eleemosynary institutions. That this treatment of these classes of defectives has not been regarded as an educational problem is shown by the fact that all of them were placed under special boards of control and not under the department of public instruction. In many states they have been under the same management as the state penitentiaries.

The education of the blind and deaf in these special charitable schools has, of course, become common. Every state has either established schools of its own or has made provisions for their education in adjoining states, possessing sufficiently equipped schools. So general has the educa-



tion of the blind and deaf become that most people probably believe that nothing more remains to be done in this direction.

Three institutions have become greatly famed for their advanced methods of study and training of the feeble-minded and atypical children. These are, the one under the National Association for the Study of Exceptional Children, at Plainfield, N. J.; The New Jersey Training School, at Vineland, and the Psychological Clinic, at the State University of Pennsylvania. The former is entirely under private control, the latter partially so. These three institutions have pointed the way which all other benefactors of these particular unfortunates must follow. Already a few states have caught the inspiration and provided psychologists for the state institutions for feeble-minded. The following have come to my notice: Lincoln, Ill.; Faribault, Minn.; Glenwood, Iowa, and the New Jersey Epileptic Village.

But only in the last decade has the problem come to be regarded in any way as an integral part of public school education, to be provided for out of public school funds and managed by regular city and state boards of education. So rare is it yet that most persons could not name cities and states where the more enlightened view has been taken.

It is not highly important that all of the state institutions for the care and training of the deaf and dumb, the blind, the feeble-minded and juvenile offenders be placed under the jurisdiction of state and city boards of education? In this way every such unfortunate would be discovered, which is not now the case, and would be placed under the most favorable conditions for care and treatment. Timely diagnosis and remedial treatment would doubtless reclaim many and prevent further arrest in others. So long as the state institutions are under boards of control of charitable and penal institutions, they will remain the spoils of politics, and the officers and teachers will be largely place hunters, unintelligent concerning and unmindful of the needs of the unfortunate wards of the state. The helpless will be impotent to raise a protest, and in most cases ignorant of the impositions practiced upon them. The management of asylums, charitable and penal institutions have been in too many cases corrupt, while strictly educational institutions have been notable for their freedom from corruption in their management.

So long as these classes have been in charitable institutions, little or no thought has been given to the expert



training and preparation of the teachers employed. It is well known that the teachers in such institutions are inferior in training and professional equipment to those engaged in our public schools. Of course, teachers of the blind and deaf must have some technical knowledge, but their horizon is frequently limited, and they apply their knowledge in a very mechanical way. In many states a superintendent of schools in a very small village might become a superintendent of a school for the blind or the deaf, if he knew how to pull political wires. Cast your eye over the country and see if the superintendents of the state schools for exceptional children as a class rank with the men of distinction in city superintendencies often paying smaller salaries. In the institutions for the feeble-minded the case is still worse. Barring the superintendent, the consulting physician and the nurses, most of the attendants are of the servant class and in no way rank as real teachers.

If these schools were made a part of the public school system, only trained and properly certificated superintendents would be employed.

A few states and a considerable number of cities have medical inspection. In connection with this work there are usually tests of hearing and vision, which indirectly usually reveal something of the mental alertness of the child. Vermont, Massachusetts, Connecticut, Louisiana and Maine specify tests of sight and hearing.

Chicago has had a child study department of the public school organization for over a decade. A few other cities have recently taken steps in the same direction. The State University of Washington has been exceedingly fortunate in receiving a bequest of \$30,000, known as the Gatzert foundation, which is to be used for the study and training of mentally defective children. "The work is to consist in the promotion in various ways of education for the better care and treatment of children suffering from defects, either physical or mental, especially such children as can, in spite of these defects, attend school of some sort and benefit by some form of school education and training." The benefits of the foundation are to be extended as widely as possible through the state. It is planned to have the specialist in charge spend a considerable amount of time in visiting centres in the state, giving aid and counsel to the school authorities in various centres for establishing and conducting work for defective children in their schools. Plans are being matured in the University of Iowa to secure



a trained psycho-pathologist who shall conduct similar researches and give similar counsel to school authorities.

A few cities, including New York, Chicago, Boston, Philadelphia, Cleveland, Buffalo, Washington, Baltimore, Tacoma, Everett and Vancouver, B. C., have special ungraded classes for the retarded and feeble-minded, and a few cities have schools for the deaf and the blind under the control and supervision of the city boards of education. Connecticut, Massachusetts, Rhode Island, Montana and Idaho are the only states which have made ample provisions to have the deaf, blind and feeble-minded, delinquents and incorrigibles under the state board of education. It is to be noted also that the state board of education in Idaho has as its chairman the state superintendent of public instruction. Several states have nominally placed the deaf and blind under the state boards of education, but such boards are not bona fide educational boards. They usually consist of the governor, the attorney general and the secretary of state. Sometimes the superintendent of public instruction is the secretary.

Wisconsin's system of training the deaf and the blind includes both state institutions and local schools. Both are under the supervision of the superintendent of public instruction. A state inspector from the department of public instruction is employed to visit and report upon all schools for the deaf and the blind. The system seems to be proving highly satisfactory and efficient. The Illinois law of 1910 gives district boards power: "To establish classes for the instruction of deaf children over the age of three and under twenty-one years; **provided, however**, that no person shall be employed to teach the deaf who shall not have received instruction in the methods of teaching the deaf for a term of not less than one year." This last clause is an advanced step, only one other state having made any provision whatever for insuring trained teachers.

The Washington law looks in the same direction. It states that: "The superintendent shall be appointed by the state board of control, for a term of four years, subject to removal at the discretion of the board of control. Said superintendent must be not less than 30 nor more than 70 years of age and must be practically acquainted with the school management and class instruction of the deaf and blind, having had at least ten years' actual experience in teaching in schools for the deaf and the blind. The superintendent shall have power to appoint all subordinates."



Montana has a state school, which provides for the deaf, blind and feeble-minded. The law of 1909 makes provision for intelligent care and training of the feeble-minded. It provides that every such child admitted shall be capable, in the judgment of the trustees, of at least some mental, moral or physical training, such as falls within the proper function of a school, as distinct from an asylum. To the end that the board of trustees may arrive at some definite method of judging such cases, they are hereby empowered to ascertain and establish certain tests, which tests shall be thoroughly and impartially applied to each case before final admission into the school, and it shall be the object of said tests to ascertain in each case if there be any capacity for mental, moral or physical training: "The officers are hereby authorized to retain in the care of said school for life such feeble-minded pupils as have passed the age of twenty-one years and are not fit mentally to make their way or become useful members of society. The authorities of said school are directed to establish a farm colony for the feeble-minded on the ranch belonging to the school. The adult feeble-minded, under skilled supervision, shall be required, by their labor, to contribute as far as possible to their own support and to the support of the school." But to California, usually in the vanguard in school legislation, belongs the credit for the most enlightened statute yet enacted in connection with the prevention and discovery of all cases of abnormalities. They have provided for what is known as health and development supervision. The statute is as follows:

#### **Health and Development Supervision—**

"Section 1. Boards of school trustees and city boards of education are hereby authorized to establish health and development supervision in the public schools of this state, and to employ an examining staff and other employees necessary to carry on said work and to fit the compensation for the same. Whenever practicable, the examining staff for health and development supervision in the public schools of the State shall consist of both educators and physicians.

"Section 2. The purposes of health and development supervision in the public schools of the state are hereby defined as follows:

"1. To secure the correction of developmental and acquired defects of both pupils and teachers, which interfere with health, growth and efficiency, by complete physical examinations. Said examinations shall occur annually or



as often as may be determined by the board of school trustees or city board of education.

"2. To adjust school activities to health and growth needs and to development processes and to attend to all matters pertaining to school hygiene.

"3. To bring about a special study of mental retardation and deviation of pupils in the public schools.

"Section 3. The requirements for certification of members of the examining staff for health and development supervision in the public schools of the state shall be as follows:

"For educators: A life diploma of California of the high school or grammar school grade and a health and development certificate, which shall authorize the holder of such certificate to conduct the work authorized by this act, in those grades specified by the life diploma held.

"For physicians A California certificate to practice medicine and surgery, and a health and development certificate.

"Section 4. County or city and county boards of education are hereby authorized to grant health and development certificates to holders of life diplomas of California of the high school or grammar school grade, or to holders of California certificates to practice medicine and surgery, who shall present with such life diplomas or with such certificates to practice medicine and surgery, a recommendation from the state board of education certifying special fitness for the work specified in this act."

Germany has long cared for its defective and exceptional classes far more intelligently than we have in America. The schools for the deaf, blind and mentally deficient are under control of the government or the public in the school community. All teachers in these schools are especially trained and permitted to teach only by government license.

Norway was early in taking advanced steps in caring for and training these unfortunate classes. The law of 1881 provided schools for defectives and also regulations for the instruction of the deaf and the blind. All such schools are directly under the state ecclesiastical and educational departments.

In book subjects the aim of the schools for defectives is the same as in the public schools, and in addition the pupils are educated for a practical life. The school course is generally 8 years in length. The deaf children are admitted at the age of seven, the blind children at the age of



nine, and the imbeciles at about fourteen. The state bears the entire expense of their education. There are at present five schools for deaf children, two institutions for the blind and three for imbecile children.

The writer would like to suggest the following lines of development for the care and training of exceptional children:

1. Have all state institutions for the blind, deaf and feeble-minded placed under the department of public instruction.

2. Give local school communities opportunity to maintain classes or schools for teaching the deaf and blind up to a certain stage of advancement. This would allow children to have home influences.

3. Have all teachers in institutions for the deaf, blind or feeble-minded duly certificated by the state.

4. Make state provision for the establishment of medical inspection and health and development supervision. Make these compulsory and require the employment of trained experts.

5. Establish ungraded schools, rooms or classes in all school systems.

6. Provide opportunities for the discovery of and ministration to the needs and capacities of the **exceptionally gifted** as well as the exceptionally deficient. This class of children is often as inadequately treated as the defective. Many moral delinquents belong to the exceptionally gifted and are morally delinquent largely because of inadequate educational treatment.

7. Welcome and encourage the development of all private institutions and means for studying the defective classes and their training. As in the education of normal individuals, many of the most important movements have been started by private endeavor, so it has been and will continue to be in the training of exceptional children.

#### DISCUSSION

DR. MAXIMILIAN P. E. GROSZMANN:

I think that many very salient points have been raised in this paper, and there are several things that should be emphasized. The paper shows that some confusion exists in the matter of caring for these children by the public school authorities. There seems to be more or less strife between the educator and the physician; who shall be at the head? The truth seems to be found in the middle ground. Physician and educator must combine on equal terms in the management of this work.



There is another point that should be borne in mind. In many instances the heads of these institutions are neither physicians nor educators, but politicians. The consequence is that these institutions do not always afford the relief wished for. The methods are faulty and unprofessional.

A very necessary thing is to provide opportunities for a training of the teachers and a training of the attendants. It is very difficult to get the right kind of people to care for these children. The so-called attendants, as they generally run, have had no pedagogic training. There should be trained and intelligent assistants. There are as yet no institutions which afford such training.

The only places where training for special teachers is offered is in some institutions for the feeble-minded. But such training is inadequate for the general problem, as it is apt to give the students what I have called the "feeble-minded bias." We must not approach the teaching of the merely atypical, pseudo-atypical and subnormal children from the point of view of the conditions of the feeble-minded child.

It is our experience that it is difficult to find people who are willing to undertake this work. What we need are intelligent people who are willing to enter into this work of investigation. Even mere attendants cannot be looked upon as menials. Our Association hopes to be able to establish a training school. We are beginning to realize what should be done, but we need the means for doing it. I think that these are practical points and I hope that what has been said will help us. I am glad that so many essential things have been brought up and emphasized in connection with Dr. Bolton's paper.

DR. MAK G. SCHLAPP, New York:

(Notes of remarks could not be obtained before this book went to press.)

DR. MAXIMILIAN P. E. GROSZMANN:

Yesterday every person who took part in the discussion contributed his particular point of view towards the sum total of the knowledge needed in dealing with this problem. Each specialist is inclined to believe that his own particular contribution touches the keynote of the situation. I think that Dr. Schlapp is justified in claiming that we need persons of long experience with children of exceptional development, and we must admit that we depend upon the co-operation and investigations of the pathologist, the specialized medical man. Yesterday the importance of prevention was emphasized. Marriages should be controlled; there should be some method by which we would prevent the coming into life of these feeble-minded and abnormal children. These things are indeed largely medical questions. But, on the other hand, the psychological side should not be overlooked. A purely medical approach is as narrow and unsatisfactory as an ignoring of the pathological side of the case would be. The problem as a whole is one of co-operation, and it is the purpose of this conference to bring together men who will contribute the results of their investigations along various lines. All these special activities are of interest and of value. Yesterday we were told that it was wrong to call our clinics



for the study of the exceptional child "psychological clinics." We should select a better name for them. In reality, the study must combine psychological data with examinations of the functions of the senses, of the vital organs, of anatomical conditions, etc., etc. The right name has not yet been found, unless we call our clinics "paidological" or "pedagogical clinics." However that may be, I wish to emphasize that there should be combination, co-ordination, co-operation—if we wish to attain any degree of success in our undertaking.







**SATURDAY, DECEMBER SECOND, 1911**

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**Fifth Session**

**2.30 P. M.**



**PRESIDING OFFICER**

**A. EMIL SCHMITT, M. D.**

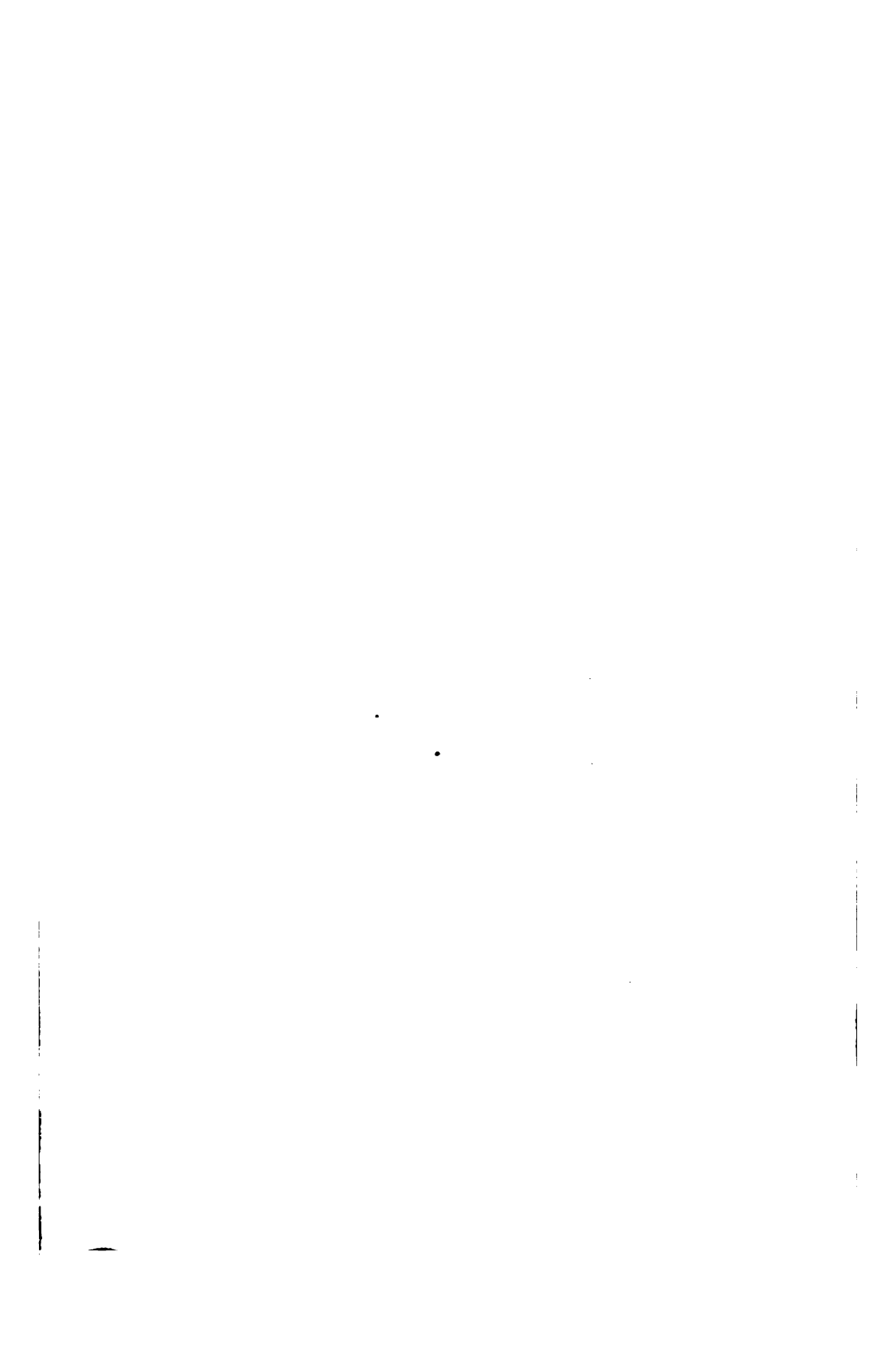
**HELD AT THE**

**Assembly Hall**

**OF THE**

**SCHOOL OF PEDAGOGY, NEW YORK UNIVERSITY  
NEW YORK CITY**







## I.

### CLINICAL STUDIES OF EXCEPTIONAL CHILDREN

E. BOSWORTH McCREADY, M. D.

Medical Director, Hospital-School for Backward Children  
Pittsburgh, Pa.

The large cities of our country, composed as they are of all races and conditions, afford an unlimited opportunity for the study of the causes and manifestations of exceptional development. An institution so situated, founded solely for the study and treatment of this class of children, must of necessity attract to itself a great variety of clinical material. From the records of the Hospital-School for Backward Children I have selected a number of case-histories which I judged might be of interest.

Case 1. J. H. Referred by the Juvenile Court. First examined March 6, 1911. Age 15 years. Father became addicted to the excessive use of alcohol several years before his death from tuberculosis, though at the time of and prior to the birth of this child his habits were excellent. He (the father) had never been able to learn to read, although he had attended school, and was a good workman, taking good care of his family until incapacitated by illness. Three older brothers of the patient, one of whom is a locomotive fireman, have never been able to learn to read in spite of every opportunity. The family history otherwise is negative. The birth conditions of the patient were normal. Nothing unusual was noticed in his early development except that he did not attempt to talk until the age of two years. He had whooping-cough at two years and a slight attack of measles at four. He entered school at the age of 6 years, but never progressed further than the first grade. Physically the boy is in good condition. He shows no major stigmata of degeneracy. He has an error of refraction which has been corrected by glasses. He responds well to all mental tests which do not require the ability to read; is self-reliant and resourceful, comes alone from his home about ten miles from the city by train and then about five miles by street car, making all connections properly and buying his own tickets. His regard for the truth is, however, not of the greatest, nor can his obedience be depended upon. For this, faulty upbringing may for the most part, be responsible. His recognition of figures and their combinations is good. He is able to name by sight nearly all of the letters of the alpha-



bet, but until after his admission to the training department a short time ago, he could not read a single word.

This case is an example of congenital word-blindness, which subject I had the pleasure of discussing in a paper<sup>(1)</sup> read before this Association last year.

Congenital word-blindness is a condition which interferes with the stamping of word images upon that particular portion of the brain which from inheritance through generations of reading and writing ancestors has become specifically developed for their reception; the angular gyrus either alone or in association with part of the supra-marginal lobule.

The chief points of interest presented by this case are: the delay in the acquisition of speech, which shows a slight involvement of other speech centers, and the fact that four other members of his immediate family possess the same defect with apparently normal mental development in other directions.

The training received by this child is practically the same as that outlined in a paper<sup>(2)</sup> read before the Pennsylvania Medical Society, as applied to a somewhat similar case. Miss Keyt, who is giving him her individual attention, states that in the short time he has been under her charge he has made very satisfactory progress.

Case 2. R. D. Age 4 years. Referred by the Fruit and Flower Mission. First examined June 22, 1911. Family history negative. Patient is the youngest of nine children. She was born at full term under normal conditions. Nothing unusual was noticed in her early history except that she never attempted to talk. The mother states that she has never been sick an hour. Physically she is well developed and healthy looking, giving no evidence of abnormality. Dr. J. Homer McCready, to whom she was sent for further examination, reported that the nose and throat were normal; that there were no adenoids present; that while the tympanic membranes were slightly retracted, she responded well to the hearing tests. He was unable to make a satisfactory examination of the larynx, but to all indications it was in a normal condition. Her mental development in other directions is apparently that of any other child of the same

1. Biological Variations in the Higher Cerebral Centers Causing Retardation. E. Bosworth McCready, M.D. Proceedings of the National Association for the Study and Education of Exceptional Children. April, 1910. Also Archives of Pediatrics, July, 1910.
2. Congenital Word-Blindness. Report of a Case Associated with Stuttering. E. Bosworth McCready, M.D. Pennsylvania Medical Journal, January, 1910.



age. Word-deafness may be eliminated by the fact that she has no difficulty in understanding what is said to her, even when she is unable to see the speaker. She makes known her wishes by gestures which are highly descriptive. The only word I have heard her attempt to say is, under stress of separation, "Mamma," which was made by approximately the lips for the labials and opening them for the vowels, but with no attempt at breath utilization. She will be made to associate with other children as much as possible in order that the desire for expression and imitation may be of some aid in the development of her speech.

Delay in the acquisition of speech is in individuals of subsequent normal development of only comparatively rare occurrence. Preyer<sup>(3)</sup> states that he himself did not learn to speak until toward the close of his third year.

Case 3. H. S. Age 6 years. First examined February 11, 1910. Family history negative. Birth conditions were normal and nothing unusual was noticed during infancy. Walked at 16 and talked at 18 months. When 3 years of age he fell out of the doorway of his house onto the stone sidewalk. No ill effects were noticed until about twelve hours later when he had a convulsion. Subsequently convulsions, epileptic in character, took place at intervals up until the time of the examination. Grand mal attacks occurred at least several times a week and sometimes oftener, while petit mal attacks at times occurred almost constantly. It was at last necessary to keep him in bed in order to save him from injury. Before his convulsions became so frequent he developed the habit of running away from home, and on one occasion was found in a police station. He would fly into a rage on slight provocation and showed great cruelty toward animals. He was subject to night-terrors and to enuresis. He had been entered in the kindergarten, but it was found impossible to do anything with him on account of his great excitability and lack of attention.

Physical examination showed numerous minor stigmata of degeneracy. The face was badly scarred, the result of falls during convulsive attacks. His tonsils were exceptionally large and there was present a large mass of adenoid tissue in the naso-pharynx.

His mentality was that of the low-grade imbecile of the excitable type. As the mother could not be persuaded to send him to an institution for the feeble-minded, it was decided to attempt to ameliorate his condition. To make nor-



mal breathing possible, Dr. J. Homer McCready removed his tonsils and adenoids. The mother was instructed in regard to his hygienic regimen and directed to report with him regularly for examination.

After the operation a marked improvement was at once apparent. Both the grand mal and petit mal attacks ceased; the child gained in the power of attention, his mentality improved, night-terrors and enuresis ceased. At the beginning of the school year he was returned to the kindergarten where his marked improvement since the previous year was noted. The current year he has been going to school regularly; goes and comes alone and gives very little trouble, although the reports of his mother and teacher as to his progress are somewhat at variance. On this account he has, within the last few days been entered in the training department so that he may be studied and the amount of improvement gauged.

This case is of interest for a number of reasons. The fact that he was somewhat late in beginning to acquire the faculty of speech (18 months) and his attempting to walk (16 months), together with the physical stigmata, would give rise to a suspicion of primary hypoplasia. To this basis, in which would be included instability of the nervous system, we have added at the age of three a fall not sufficient to produce unconsciousness. In a short time convulsive attacks make their appearance, which gradually increase in severity, assuming the characteristics of grand and petit mal. With the removal of tonsils and adenoids the attacks suddenly cease and in a period of twenty-two months have not returned. It is, of course, impossible to say that they will not return; if they were truly epileptic they probably will. It has been said that when a case of epilepsy is cured it is proven not to have been epilepsy. My own opinion is that the child was born with an unstable nervous system; that his enlarged tonsils and adenoids, which were likely present from infancy, by their mechanical obstruction to breathing interfered with mental and physical development and further added to the instability. The head injury was simply an exciting factor in setting up the convulsion habit. The tonsillectomy and adenectomy removed an important source of reflex irritation and improved the general health.

The boy is, in spite of his great improvement in mentality, apparently still an imbecile, though of higher grade than before. It is hoped that it will be possible to persuade his parents to send him to an institution.



Case 4. E. W. Age 12. Referred by St. Elizabeth's Guild. First examined October 19, 1911. The family history is rather meagre, as the child is being cared for in a home and there is no one to give detailed information. However, from the Guild's nurse, the following was obtained: The father and mother are deaf mutes, the mother since birth and the father since an attack of typhoid fever in early life. Both are somewhat irresponsible and improvident, so that the family has been in a very destitute condition. Two sisters of the mother are deaf-mutes. There are four other children. Two older than the patient have normal speech; a younger sister has a slight defect, and a baby of 18 months has not yet begun to talk. The patient did not attempt to talk until the age of 2 years. Before her admission to the home she had never attended school for more than a few days. She is under-sized and poorly nourished, but rather intelligent in expression and actions. The hard palate is very highly arched, the teeth badly decayed and misplaced and the jaws mal-formed. Her articulation is very poor on this account rather than because of any central defect. While her mentality is evidently not of a very high grade, the deficiency is probably merely relative.

It is interesting to note in this family that, unless it should happen that the baby turns out to be a deaf-mute, not a single one of the children inherits the defect of the mother. The deafmutism of the father being acquired, of course, transmission would not be expected. In looking up the statistics upon the percentage of deaf offspring resulting from marriages of the deaf, I find that in 814 marriages one partner congenitally deaf, the other adventitiously deaf, 8.1 resulted in deaf offspring, 6.5 of the total number of children born deaf. An attempt will be made to trace out the various other members of the mother's family and the development of speech in the baby watched more carefully.

Case 5. C. S. Age 9 years. First examined September 10, 1911. Father drank to excess and had syphilis, though it could not be learned whether this disease was contracted before or after the boy's birth. The mother has a large goiter, but no exophthalmos or marked nervous disturbance. The patient was born at full term under normal conditions. He was fairly healthy during infancy, but could not walk without assistance until he was 22 months old. He first attempted to talk at 18 months, but his speech had remained almost unintelligible up until the time of ex-



amination. He began school at 7 years, but never progressed further than the first grade.

In appearance the boy was healthy, intelligent and alert. Until he attempted to speak there was nothing to lead to suspicion of defect of any kind. On account of the father's condition a Wasserman reaction test was made by Dr. Denner, which resulted negatively. The results of the mental tests at the first examination were disappointing and he was admitted to the training department for further observation. Analysis of his speech defect showed that his chief trouble was with consonant formation. Leonard-Yenard, mamma—nannie, pig—ig, wolf—dulf, little—yittle, etc. His speech was practically unintelligible unless one had become accustomed to his substitutions. Rock-a-bye baby, your cradle is green, he rendered, "Dock-a-bye, dady, er tadle i dien." The consonant "d" he substitutes for r, w, b, t, g, etc., while y is used constantly for l; n is used instead of m, and p is not sounded at all.

A very short time in the training department was sufficient to show that the apparent mental deficiency was only relative, due for the most part, to the speech defect. He is in reality a very bright, active boy, who has never before had the opportunity to prove what he can do. He learns rapidly, has a retentive memory, has good motor control, and while still handicapped somewhat by his defect of speech, is rapidly overcoming it. The defective articulation is likely due to faulty glosso-kinaesthetic word memories, the result of a primary partial word-deafness.

In this case a prognosis based upon the family and early history and upon the result of the first examination would have been one holding out very little promise.

Case 6. J. Mc. Age 16. Referred by Juvenile Court. First examined January 15, 1910. Quoting from the letter of the probation officer in regard to this case: "John has been under our care for three years, having first come in on a larceny charge. In investigating his case he seems to be made a tool of by the older boys and was very backward in school. I tried for two years to help the boy and would just about get him on his feet when some older boys would mislead him. Finally we had him sent to the ———— Protectory, and he was only there a few weeks when the superintendent notified us that the boy would have to be returned because he was so homesick, refusing to either eat or sleep, and cried all the time." When the boy presented himself for examination he complained of not feeling well,



was briefly examined and as symptoms of a condition requiring surgical intervention were suspected to be present, he was directed to see Dr. Miller, who reported that he presented symptoms of chronic appendicitis, though not sufficiently severe to require operation. Though directed to return to the Hospital-School for further examination, the boy failed to do so. September 20, 1910, I received the following letter from the probation officer: "I would like to ask a special favor of you in regard to J. Mc. The boy has been released from jail today and is to be brought before the court for trial on September 28th. In the meantime I would like to have you continue his examination so that I might use it as evidence to prevent the boy from being sent to a reformatory unless his physical condition would show that would be the best thing for him." It seems that in the time elapsing since the first examination John had passed his seventeenth birthday and had also gotten into trouble with two other boys by holding up a woman and taking her purse from her. An opportunity for closer study was now afforded. Inquiry into the family history showed that at times the father drank to excess, though he was never im-provident. He was a painter by trade and had suffered from chronic lead poisoning. One sister was temporarily insane, and one cousin committed suicide through alcoholic excesses. One brother has tuberculosis. The family history on the mother's side was negative, except that one cousin died of tuberculosis.

The patient was very delicate as a baby; was born in a state of asphyxia. He did not attempt to walk until 14 months and to talk until 2½ years. His progress in talking was very slow. He entered school at 8 years and never progressed beyond the third grade.

Physical examination showed him to have the development of a boy of twelve. From a radiograph of the wrist it was found that he had the osseous development corresponding to Group L., of Rotch's classification. By the Binet tests his mental development was placed at that of a child of ten years, although at tests of accomplishment he did somewhat better. As the boy's temperature was above normal he was sent to St. Francis Hospital for further observation in Dr. Cohoe's service, who after a period of two weeks, reported that the patient was suffering from chronic nephritis.

When John's case came up for trial the report was made that he had been found upon examination to be feeble-



minded and to be suffering from disease of the kidneys, and he was committed to an institution for the feeble-minded accompanied by a statement of his condition with recommendations for treatment.

These cases have been chosen for illustration, not because of any unusual features that they may present, but to attempt to show that the exceptional child requires most careful and thorough study. An opinion based upon superficial examination without taking into account the heredity, environment and individual characteristics is valueless, except in the most obvious cases of mental deficiency. I have likewise attempted to demonstrate that it is not judicious in forming a diagnosis or prognosis to lay too much stress upon bad heredity or upon evidences of deviate development in early life. The most trustworthy proof of a child's mental capacity is his ability to develop to the full his special faculties under favorable opportunities. To determine this prolonged observation and intimate association is necessary. For this reason there should be in connection with every clinic for the examination of exceptional children an observation or training department where the child may be carefully studied. Case 3 is reported because of the unusually gratifying results following a comparatively simple surgical operation. Case 6 is reported because our reformatories and jails contain a large number of the same type which should more properly be in institutions for the feeble-minded.

#### DISCUSSION

##### DR. MAXIMILIAN P. E. GROSZMANN:

The clinical observations just reported tally with what has been reported from many institutions which care for such children. It is interesting to observe the relation of epileptic or epileptiform conditions to other deficiencies. The problem of epilepsy is still obscure; sometimes the cases supposed to be epilepsy are not epilepsy, but something else. What is epilepsy? What is it that causes epilepsy? The disease is accompanied by a number of symptoms which by some are considered as causal. There is especially the relation of intestinal disturbances to epileptiform attacks. Violent temper, the tendency to strike and hurt are also considered symptoms of the disease. But this entire problem is difficult of solution. The mental condition is also an open question. In many institutions where they shelter both the epileptic and the feeble-minded child it is claimed that all epileptics, no matter how bright they are at first, are doomed finally to become completely disorganized mentally. There are many problems connected with this condition which require solution.

Another point I wish to emphasize very strongly is the necessity of securing as clear a family history as possible. We



should also strive to develop reliable methods to get at the real mental and physical condition of a child. This involves the elaboration of satisfactory and systematic tests and examinations by which we may arrive at some definite conclusions as to the status of a child. These tests must be comprehensive. Our Association has worked out a system of physiological and psychological tests which have done good work in our pedagogical laboratory. They include a comprehensive set of questions on the history of the child and his family. Anyone who is interested is invited to write to us for the blanks which we shall gladly furnish; we invite all of you to use these blanks so as to test them, as we wish to get systematic data on these problems.

**DR. BARTH, Milwaukee, Wis.:**

In Milwaukee we try to make the selection of children for special study as to their mentality a matter of some moment. In the first place, the teachers are required to study their children for a period of some months before they enter their estimates and findings relative to any child on the psychological blank furnished them for that purpose. If the teacher suspects that a physical defect is interfering with mental progress, she consults with the medical inspector of the school relative to it. In Milwaukee every child in the schools receives a physical examination periodically during its school attendance. The results of these examinations are entered on a blank, which remains on file in the school. On the reverse side of the blank are entered all inspectors' recommendations with respect to the child. The blank provides for nine annual examinations. Thus the teacher may have at her command the results of a number of examinations with the attendant recommendations to guide her in her estimate of the child. When she has decided that the child is truly exceptional she sends in the blank through the medical inspector and the case is gone into very thoroughly, the family and personal history being obtained from the parents.

The physicians and dentists of the city and the Childrens' Free Hospital have always felt very kindly disposed toward the Department of Medical Inspection of Schools and have rarely refused to give a child the necessary treatment if it brings a card from the department stating that the parents are unable to pay. In cases of defective speech or of stutterers and stammerers, the children are transferred to the schools or classes for the treatment of such defects. We have two such schools and two classes in different parts of the city. One good feature in the Milwaukee school system is the facility with which the children can be transferred to special schools or classes, inasmuch as all are controlled by the Board of Education.

**MRS. FRANK A. REED, Detroit, Mich.:**

I have been very much interested in what has been said and I should like to tell of one case in which a child was misunderstood because of his speech; he substituted one articulation for another. In these cases much can be done for the exceptional child if the speech is carefully looked after. I think this is one thing that is very often neglected. Here was a child of six years who was expelled from the public school because he was misunderstood. The mother



came to me in great anxiety and asked if her child was an idiot. After observing the child for a little time I found that he was a very bright little fellow. He substituted one articulation for another as follows: Me tak fah, me bah oo bannatannah hana wa. After a time when I could interpret his meaning it was as follows: Me talk fine, me buy you a valentine to hang on the wall. He knew perfectly well what he meant, but he could not form his words; he substituted one articulation for another. There is, I believe, a great deal of this in our schools.

**DR. BARTH:**

We have a special department for the training of children with defective speech. There are two schools for stammerers, and classes are being opened in various parts of the city as rapidly as trained teachers can be found. There is no doubt but that these children need special care. Our results with these children have exceeded our most sanguine expectations.

**DR. MAXIMILIAN P. E. GROSZMANN:**

I should like to ask Dr. McCready a question in connection with speech defects, one which may reinforce what has already been said. Max Müller, of Oxford, three or four decades ago, contended that there was a close relation between speech and mental development. He claimed that unless you could give a definite and clear expression in words to your thoughts, the thoughts would remain hazy. Can we confirm this? Many of our loftiest thoughts remain unspoken because they defy expression—the deepest feelings are more or less vague and undefined. But unless we can definitely state our judgments of the ordinary occurrences and conditions of life, our mind remains helpless and undeveloped. We often meet with children with speech defects, who are retarded mentally; to what extent, then, is the speech defect responsible for this mental retardation? Perhaps Dr. McCready can throw some light on this point.

**DR. E. BOSWORTH MCCREADY:**

The brain cells grow through stimulation by use, which promotes a greater flow of blood. Stimulation of one set of cells also affects contiguous cells. After tenotomy for spastic paralysis there is an improvement in speech coincident with the improvement in walking. There can be no doubt but that the stimulation of the motor centers affects the near-lying speech centers as well.



**The Secretary read the following invitation which was referred for action to the Board of Trustees :**

**The College of the City of New York**

**St. Nicholas Terrace and One Hundred Thirty-ninth Street**

**December 2, 1911.**

The Department of Education of the College of the City of New York cordially invites the National Association for the Study and Education of Exceptional Children to hold the sessions of its meeting of 1912 in the college buildings, at 139th Street and Convent Avenue.

**SAMUEL B. HECKMAN,**

**(For the Department of Education.)**

This letter was afterwards supplemented by the following statement from President Finley:

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**The College of the City of New York**

**Office of the President**

**St. Nicholas Terrace and One Hundred Thirty-ninth Street**

**December 14, 1911.**

**Dear Dr. Groszmann :—**

I am delighted to hear that you will come to the College next year. We shall do all we can to assist in making your Conference a successful one.

**Sincerely yours,**

**JOHN C. FINLEY.**

This invitation was presented to the Board of Trustees of the Association and was gratefully accepted.



## II.

### FAULTY HOME EDUCATION AS A CAUSE OF EXCEPTIONAL DEVELOPMENT

By CHARLES A. EATON, D. D.

Pastor Madison Avenue Baptist Church  
New York City

I am going to talk to you this afternoon simply as a plain father of a family who is trying to bring up his children in conjunction with a wife and mother who is everything she should be. I have long been convinced that we have a very serious problem confronting us in the home life of this country. No amount of scientific or pedagogic work will aid us. The problem is not primarily the problem of the child; it is the problem of the father and the mother. The American child is one of the finest that can be produced; I do not know whether it is the atmosphere or what it is, but the child that is born on this continent seems to have something in him, which, if properly developed, makes an exceptionally attractive man.

The weakness of our home life, especially with reference to the children, can be divided into two departments,—sins of commission and sins of omission towards the child. I am not now referring to the homes of the very rich nor of the very poor. There there is an abnormal condition. A child born in the home of the rich is handicapped far more than one who is born in the home of the poor. But we will not now concern ourselves with a consideration of these two great classes. I am going to speak simply of those who occupy the middle class, and of those families that have perhaps from one to half a dozen children. The father and the mother are intelligent, cultured, and know what it is to live right and well. In such families the children should get a proper chance in the beginning of their lives.

First, as regards the sins of commission: I have visited all sorts of families from the richest, where I have been ushered in by a footman, to the reeking tenement, where I was called to see one who was dying as the result of a street brawl. I have met with many different types of men and have been given the opportunity of observing different conditions. In the average American home too much attention is paid to the outside and not enough to the inside of the child. Neither the mother nor the father pay proper attention to the inside of the child. They are very anxious that the little one should go to the right school. By the right school they mean one in which their child shall associate



with children higher up socially, where he will be given a chance to mix with people who, perhaps, have more money. The school may be a good one; it may be a bad one. I once lived in a fine city community and I actually had to move to the country where my children's morals were less apt to be corrupted. In this fine city neighborhood the children had every kind of culture except culture of character.

Secondly, as regards the sins of omission: I wish to say a few words in regard to the way a child should be raised. The child's training should begin when he is born,—perhaps before. The nurse should be trained how to care for the baby as well as to care for the mother. God bless the nurse who loves the baby as if it were her own,—who handles and fondles it. But this is bad training. The nurse will go away, and the mother cannot carry the baby all the time. So the baby cries and the mother's troubles begin. However, when the baby cries, unless it is in pain, let it cry. When the time comes for the baby to be put to bed, it should be put in the crib and left to sleep alone. The baby will soon stop crying. If the baby yells in anger, he should have a warm application to a portion of his anatomy designed for the purpose,—but, of course, with much gentleness. About three such applications are all that is necessary. If the child is ill, of course, that is another thing. No child should be afraid of the dark or afraid to be left alone; if he is, something has happened to make him afraid. An ordinary healthy child should not be afraid of anything. By and by the child gets old enough to know what "yes" and "no" mean. Every parent should make the child understand that "yes" means "yes," and that "no" means "no," and that he should obey without question. No parent should use brute force; no woman, especially when in a passion, should strike her child the way a man might kick his horse or his dog. A parent who strikes a child when in a passion is a bully. Just as the child should be taught that "yes" means "yes" and that "no" means "no," so this is the tune for parents as well.

The first and fundamental thing in life is to know the difference between right and wrong; also the relation between cause and effect. The burden falls on the father and the mother; they should teach the child what is right and what is wrong. Teach the child that people do right not because they are clubbed into doing right, but because it is right to do right and wrong to do wrong. The ordinary child wants to do everything and must be taught



that there are some things one cannot do. I am convinced that we should have more to do with the moral nature of the child, the normal child. When you think this over, you will be convinced of its truth.

Suppose that your child is very ill; you have a physician called in. This physician has a great reputation for his scientific attainments. The child is sick unto death and the little one is placed in his hands. The physician is very learned and skilled. Here is involved a moral obligation or else you would not trust the child in this physician's hands. The same holds true in rearing children. You cannot get away from this moral obligation. You get on a railroad train and you go to sleep at night and sleep well; why? Because you know that the engineer has a sense of his moral obligation. So when God trusts us with a child, we must discharge our moral obligation.

I think the problem regarding the child begins and almost ends at home. The child should be taught to do what is right because it is right and not from fear. This is a result, however, that cannot be achieved in an hour, a day, or a year. It means here a little and there a little, line upon line, and precept upon precept.

I do not know how my talk fits in with the profound discussion you have been having here. You are dealing with the clinical aspects of child-life. Yet, I am confident that many of these defective children could have been saved from their abnormalities if the parents had taken them in charge when they were three weeks old, if the parents had had a simple moral conception of life. I once visited a family with beautiful children. One of the children was a boy about two and a half years old. The father was a professional gentleman, very intelligent and well-to-do. This little boy came into the drawing room and turned a somerset, much to the horror of the mother. I liked Jack; he certainly could turn somersets. The mother said, "Jack, go out!" But Jack paid no attention to his mother. She again said, "Jack, go out!" but Jack kept on turning somersets. Now God may interfere and save that boy from destruction; and if he is saved from destruction, it is through Him only that it can be done. At last Jack's nurse came in and coaxed him away.

Now, here I believe was an exceptional child, a beautiful child, good inside and good outside, but doomed to a life of chaos and ruin because his parents did not know their duty.



The problem that confronts us in dealing with the exceptional child is in the home, especially in the training of the mother and the father. The father and the mother should recognize their moral obligations and discharge them. We need schools for parents. If we have wise, strong, parents, we will, with rare exceptions, have healthy, moral, normal children.

The key of the situation is the home. If we fail here, we fail everywhere.

#### DISCUSSION

DR. MAXIMILIAN P. E. GROSZMANN:

Dr. Eaton's remarks were certainly appropriate and strong, and carried a significant message. Speaking of Jack, we have had such a boy in the institution maintained by our Association. When I first knew of him, he was most willful, ungovernable and ugly. At the Bellevue-Stratford, in Philadelphia, he shocked the guests by vaulting over the silk-covered sofas and easy-chairs in the ladies' parlor and knocking things together generally. While his mother consulted a physician in Atlantic City, he amused himself by cutting her valuable seal coat into shreds. We had him only a few months and found that very shortly he became a most tractable, obedient, affectionate and intelligent boy, being of a nervous temperament and having certain peculiarities which had to be understood and properly handled. Otherwise there was nothing the matter with him. He had had too much mother, too much father and too much of friends. Indeed, the friends of a family contribute very much to the spoiling of the children by trying "to be good to them" in the wrong way—bringing them presents, candies, etc. And what is left of the child's character is spoiled by the loving grandfathers and grandmothers. We must thank Dr. Eaton for bringing out these important facts regarding the faulty education which so many children receive at home. Many of those who appear to be grave problems in education are not really atypical or exceptional. They have simply been brought up under conditions which killed rather than developed their particular genius. If they grow up right, it is in spite of the mistakes and influences of their environment.



### III.

## SPEECH DEFECTS IN CHILDREN

JOHN M. FLETCHER

Clark University, Worcester, Mass.

#### QUESTION 1

##### HAVE WE A PROBLEM IN THE SPEECH DEFECTIVE?

The problem of the speech defective is one which has a rather peculiar interest and importance. Its interest lies in the fact that it presents to the student of psychology a host of problems that bear on many vital issues in his domain, giving him also under laboratory control conditions for first-hand data concerning those issues. I have heard it said by an educational authority within recent weeks that as a matter of course we must let the defective alone until we shall have more thoroughly addressed ourselves to the general problem of the education of the normal child, and in a measure, at least, met some of the more pressing needs in that field.

The trouble with that conclusion is that it is based on the assumption that in the case of the defective child you are looking out for his interests alone, and that since he is in the minority, he must be neglected first. That, as I need not say in his presence, is a wholly erroneous view. As a matter of truth, the law of the social order that the problem of the rich is the problem of the poor holds here. The problem of the defective cannot be isolated with impunity from the problem of the normal.

Every one who has been a teacher knows that the bright, interested and capable child is not the one who constitutes the burden of the school room. It is the laggard, the inefficient, the subnormal, the defective that weighs most heavily on the nerves of teacher and pupil as well.

If I understand the great movement for efficiency in commercial lines as Dr. Taylor and others have conceived it, the first point of attack is the sources of lost energies, misplaced efforts and neglected forces. In other words, the whole efficiency movement begins with the stoppage of leaks, lost motions and costly frictions.

We have heard the complaint from educators that general psychology has been rather disappointing in its contributions to the practical concerns of education. It seems to me that I can see in the rapid growth of interest in the clinical study of the child a new point of contact which bespeaks a better situation in the future, both for general



psychology and for education. I do not believe that any one, especially in America, is going to be scared by the warning given by Wundt that even an astute scientist like Neumann will turn out to be second rate if he leaves the realm of pure science and becomes interested in matters of practical concern. This attitude of aloofness upon the part of pure science or science for its own sake rather than for the sake of humanity is, of course, somewhat responsible for the justice of the charges which I have mentioned above. But I also believe we have not proceeded in educational matters along the lines upon which the commercial world is now introducing science into its methods. If you should stand before a class in which there was a stuttering boy trying to recite, and watch this stumbling, halting, blushing and writhing embodiment of mental torture, and see the sympathy, worry, distraction of attention and anxiety of the teacher no less than of the rest of the class, you could understand what I mean by this great leakage of energy.

May I say that no such child should ever be allowed in any school room except one in which there is a teacher specifically trained to care for his particular kind of defect. This I could say for the mere reason alone of general educational efficiency, and this, as I shall attempt to show later, is not the most important reason. To ask how such school rooms and such teachers are to be provided is to open up a problem of great magnitude, but one on which I shall in this paper not undertake to say anything, except to venture the statement of my own firm conviction that it is an educational rather than a medical problem.

As a problem in the conservation of human life the field of speech defects presents an interest no less urgent and important. I asked the superintendent of the public schools of the City of Worcester, Mass., last year if I might have his consent to go through the public schools of that city to see if I could secure some cases of stuttering for the purpose of study. He very kindly gave his consent, but expressed doubt as to whether or not I would find any, saying that he himself had not seen any at all during his visits to the schools. I made the canvass—or rather it was made for me by the teachers, with the result that a list of 93 was found. Not one of these has a fair chance in school. Some are scarcely able to recite at all and have told me that they frequently answered that they did not know when they really did know, simply because they preferred to be graded



I have found who have quit school because they were unable to recite. These are all inclined to separate themselves from the rest of humanity and bear their own afflictions in silence inasmuch as there is no certain relief. Dr. Hudson Makuen aptly quotes from Tupper, who says: "Come, and I will show you an affliction numbered among the world's sorrows."—Conradi.

Dr. Edward Conradi, in 1904, by a study of 87,440 school children, found 2.46% of them afflicted with speech defects. This rate, applied to our school population, gives a total of 430,000 speech defectives among the school children of America. Add to this the percentage found among the adults and we get a grand total of approximately a half million speech-defective people in the United States. The number comprised in this class Mrs. E. J. Ellery Thorpe, at the meeting of the National Educational Association, in Boston, 1903, had already said was greater than that of the deaf mutes, the blind and the insane added together by nearly three to one. She bases her conclusions on the work of Dr. Lenox Brown and Mr. Robt. M. Zug.

What about the prognosis in this class as contrasted with that of other classes of defectives and atypical classes?—to use Dr. Groszmann's term, of exceptional children?—to use the term which our new educational encyclopaedia prefers.

It would, of course, be useless to mention the deaf mute, the deaf, the blind and the like as having any favorable prognosis at all.

In regard to the mentally defective, I shall take time to quote the opinion of Dr. Barr<sup>1</sup>. He says: "The mistaken idea of seeking a cure for mental defect doubtless has its root in a misapprehension of terms and in compounding idiocy with insanity. In the latter there may be found cure, as for any other disease; but idiocy is not a disease; it is a defect, and one might as reasonably talk of restoring limbs to one born without them as of curing a defective brain. To replace what has never been placed is impossible. No, there is no cure; nevertheless much may be accomplished in the way of amelioration and improvement. In the awakening of dormant faculties and in the development and fostering of latent powers, deterioration may be arrested and retrogression prevented."

To quote again, now from Tredgold<sup>2</sup>: "No case of real amentia (with the exception of cretinism) ever becomes

1. Mental Deficiency, p. 130.

2. Mental Deficiency, p. 328.



cured. However mild it may be, some defect will always down rather than attempt to talk. Others in the same city remain, and this will render competition on an equal footing with the normal population impossible."

In spite of the hopes held out long ago by Dr. Séguin, and in spite of exceptional cases like the well-known case in "The Story of a Dullard" and many others, I believe the above opinions would be accepted without question by most conservative workers in this field. Mind you, I do not mean to question the claim that the results which do accrue from work on behalf of these classes are worth all the effort and means expended on them and even more. I merely desire to set over against them this great neglected class of speech defectives in regard to the question of prognosis, and that I shall proceed to do, using the figures found by Dr. Conradi<sup>1</sup>. From 1827 to 1840 Colombat had 428 patients, of whom he cured 52%, improved 21% and dismissed as failures 27%. Blume cured 70% of his cases. Coën gave his results in 1886 in the following percentages: 60% cured, 30% improved, 10% of failures. Berkhan had 96 patients, 1883-1885. Out of these he cured 65, improved 30 and failed on 1, there being 25 relapses. We have from Gutzmann the results of public courses in 46 German cities, in which 1,390 stutterers were treated. Of these 72.7% were cured, 23.6% improved and 3.7% failures. Dr. A. Gutzmann cured 87% of the 1,000 cases which attended his polyclinic in Berlin; 10% were improved and 3% were failures, 5% relapses. Of 600 patients attending the private institution of Dr. H. Gutzmann 89% were cured, 9% improved and 2% were failures. Of the first 400 5% relapsed; of the second 200 only ½%. Oltuszewski cured 87 out of 95 patients and improved 8. These, he thinks, he could have cured had they repeated the course. Dr. Coën's public courses in Vienna for the 10 years preceding 1901 showed that out of 158 cases 60% were cured, 30% improved and 10% of failures. The failures he ascribes to laziness and irregularity. Chervin says that success is always certain if proper conditions are fulfilled. It must be remembered that these courses generally last only about six weeks, scarcely ever so long as three months.

I am unable to give you any statistical report of the success of the various treatments offered in America, but enough has been given to show you the bright picture of the prog-

1. Ped. Sem. XI, pp.327-330.



nosis in this class of defectives, and that is the point which I desired to make.

This splendid prognosis, it seems to me, is ample warrant for the isolation and special treatment of these defectives. But there is an even weightier reason—a reason which brings me back to the contention made at the outset, namely, that we are dealing here with a problem affecting the normal child no less than the exceptional. It is a well known fact that one of the most fruitful causes of stuttering is imitation. When we consider that it is doubtless true that a large per cent. of the cases which are attributed to heredity may just as correctly be assigned to imitation, it may be said that perhaps the greatest of all the sources of this trouble is imitation or contagion. One child in a school room, then, becomes a menace to the health, success and happiness of all the rest. This is, of course, not true of any of the other classes of defectives to which I have referred.

I should like to give you somewhat in detail the work which has been done in the various countries of Europe, especially since 1886, when the German Government, through the influence of von Gossler, then minister of education, took the matter up at State expense. Suffice it to say that from the various cities and countries of Europe more than a thousand teachers have been sent to the University of Berlin to receive training under Drs. A. and H. Gutzmann at public expense so that practically every city and State of any importance in Europe has its special public courses. I do not fail to give credit for the work done by Colombat, Stard, Chervin and others in France; by Dr. Coën, in Vienna; by Dr. Wyllie and others, in England. But Germany must be credited with having first taken the matter up seriously and scientifically, and given it something of the dignity and importance which it deserves.

Even Japan, as I was able to learn through the Children's Institute of Clark University last year, has begun to take action in this matter. Mr. Isawa, of the Board of Education, of Japan, has taken up a statistical study of the prevalence of the trouble among Japanese students and has, moreover, established an institution in which he has successfully treated several thousand cases by a method which he has devised on the basis of the Visible Speech Method of Dr. Alexander Melville Bell, of this country. I am aware of the work of a high order that is being done in a private way by Drs. Hudson-Makuen, E. W. Scripture and



others, but so far as my information goes, with the exception of some classes maintained in one of the public schools of the City of New York, we are alone among the civilized races of the world in leaving this vast field to the tender mercies of the quack, the charlatan, the unscientific man with a "method" or a "cure," which is generally kept in rigid secrecy from public scrutiny.

For the benefit of the blind we have 41 State institutions, with 534 teachers and 4,413 pupils. The property devoted to their interests is valued at 12 million dollars. The total expenses of these institutions in 1909 was \$1,505,860, the expense per pupil being \$341.23.

For the deaf we have 57 State institutions, with 1,222 teachers and 10,886 pupils. These have a total property valuation of \$16,247,442. Expenses in 1909 were \$3,353,622, or \$308.07 per pupil. Besides these are 53 public day schools and 17 private schools, with 269 teachers and 1,885 pupils.

For the feeble-minded we have 26 State schools, with 17,549 pupils, and 17 private schools with 927 pupils. The property of the State schools amounts to \$13,209,276, the expense of which in 1909 was \$4,384,931, or \$249.86 per pupil.

Of course, I am willing to grant that not even this amount is adequate to meet the needs of these great fields, but I do wish to submit that it would be a queer sense of human justice that would prompt the claim that over against these splendid amounts there should continue to be practically nothing spent for the amelioration of the condition of the speech-defectives. My faith is that it will not always continue thus.

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#### QUESTION 2

##### WHAT IS THE NATURE OF THE PROBLEM?

It must be stated at the outset that my own study is of the nature of an experimental attack on the subject of what I have arbitrarily chosen to term functional speech defects through the means afforded by laboratory psychology. There have been many theoretic studies of this abnormality, so that the literature of the subject has grown to considerable proportions. Dr. Edward Conradi<sup>1</sup> made a résumé of this literature up to 1904.

It has only been within recent years, however, that any experimental work has been done in this field. Grad-

<sup>1</sup> Ped. Sem. II, pp. 327-380.



ually within that time, it seems to me, the burden of the task of handling the problem has been gradually shifting from the physician to the psychologist. Formerly it was thought to lie solely with the physician.

Dr. G. Hudson-Makuen (Med. Rec., vol. 76, p. 1015)—“A Brief History of the Treatment of Stammering, with Some Suggestions as to Modern Methods” says that Galen, Celsus, Klencke, Dieffenbach, Detmold, Wolf and others regarded the whole difficulty as lying in the tongue, and employed treatments accordingly. He speaks of the many mechanical appliances that have been employed to hold the tongue in proper position, such as the famous pebble of Demosthenes. Surgical operations of various sorts have been made, such as the severing of the hypoglossal nerve, the lingual frenum and various extrinsic and intrinsic tongue muscles. Dieffenbach took out a wedge-shaped portion from the tongue, Golden cauterized it, Detmold pierced it with needles. Kustner used embrocations, cauteries and blisters. Yearsley and Braid cut out the tonsils and the uvula. Another remedy was to put a cork between the teeth, another was to press the thumb against the chin, and another was to lift the tongue to the palate. Other methods are mentioned by A. Grégoire (*Les Vices de la Parole*, p. 74), one of which was smoking a pipe, on the ground that the nicotine was a sedative to the vocal cords. Gerdtz of Germany (Appelt, p. 38) gave a tincture consisting of rectified alcohol, peppermint oil and chloroform in the endeavor to still the cramps of the diaphragm. Schmalz suggested an embrocation of petroleum on the throat. Langenbeck experimented with inoculations of croton oil. He speaks of a Frenchman, Serres, who would seize the arm of the stutterer and move it briskly up and down, first at the beginning of each syllable and then at the beginning of each phrase. All of these methods of treatment Dr. Hudson-Makuen correctly *insists* are wide of the mark, since stuttering is not a peripheral but a central disturbance. He also, as I think, correctly *insists* on the knowledge of the psychology and physiology of speech as a necessary requisite for the proper handling of speech disturbances. This knowledge is unfortunately not general, but on the contrary, as he claims, “quackery reigns supreme in the treatment of stammering.” Grégoire says (*Ibid* p. 75) that as far back as 1875 the French academician Moutard-Martin said that stutterers are not “treated,” they are



**"educated."** More and more evidence seems to be coming from all sources for the warrant of the taking up of this problem by the psychologist, not only because of the fact that he must be looked to as the one to solve it, but because of the unique psychological interest which is attached to it. I trust that the total result of the present study will point toward that conclusion. It seems to me that if there be adequate reasons for the abandonment of the use of bromides and other medical treatments for psycho-analysis and more educational methods in certain cases of hysteria, and if the same plan is used even in organic speech disturbances like aphasia, it does seem that to use educational methods in the case of these purely **functional** speech disturbances has a *fortiori* warrant. Some preliminary reasons for this conclusion may here be mentioned. Dr. Hudson-Makuen (Pa. Med. Jour., Dec., 1909) takes the position that all the good which has accrued from the old crude methods of surgery and the like has been due to their psychic effect. In this, of course, he means to conclude that the cause of the trouble is psychic rather than physical. Indeed, he says that "many people stammer under certain conditions, largely because they think they will. All their past experiences with speech have combined to confirm them in the thought, and it soon becomes a sort of 'fixed idea.'" He makes extensive use of the analogy of the person who has a good musical instrument, but is unable to play it. This, he says, is the situation of the stutterer. His speech apparatus is perfect, but he is unable to use it. I draw from that a conclusion which I am not sure would meet the endorsement of Dr. Hudson-Makuen, namely, that if it would be absurd to appeal to medical interference in the case of inability to play the piano, it is no less so to do the same thing in the case of inability to speak.

Dr. Elmer L. Kenyon, of Chicago, also a physician (Pa. Med. Jour., Dec., 1909), claims that the problem is essentially a medical one, and yet in the same discussion he says that it should be considered a matter of "child development," and also that it is a disease which "concerns the development of that mysterious, elusive, but important thing called the subconscious personality." Furthermore, he says that the public schools having already taken up the deaf, the blind and the feeble-minded, "has now only to enlarge its scope a trifle and take children having defects of speech, whose cure depends upon a certain training which in a measure is allied in character



to the regular work of the school." Another physician, Dr. D. Braden Kyle, of Philadelphia, makes (ibid) a similarly unharmonizable discussion of the same topic. After complimenting Dr. Hudson-Makuen for having been a pioneer in taking this matter out of the hands of non-medical men, he goes on to say that "the mechanical part, however, would not be the entire cause of the defective speech; it is merely an associated condition. The habit is certainly a mental one."

Another case of the same kind of contradictory treatment is found in a statement by H. G. Langwill, M. D., F. R. C. P. E., physician to Leith Hospital (A Plea for the Scientific Treatment of Stammering—Rev. of Neurol, and Psychiatry, Vol. V., p. 59), who makes a plea for the scientific treatment of stammering by the general practitioner, saying that it is undoubtedly a neurosis. He goes on, however, to admit that the nervousness so often taken for a cause is really a result. In his definition, he makes even more clear this attitude. He says: "Stammering is essentially a functional affection—a neurosis, the result of defective working of the complex co-ordinated mechanism concerned in the production of speech, and not a defect of structure. Pathological lesions, therefore, connected with it cannot be looked for, and herein lies one of the great inducements to the adoption of proper scientific treatment of the condition. The difficulty of enunciation will be found to be essentially due to a want of the necessary harmony between the functions of vocalization and articulation."

Another fact of great weight which bears directly upon this issue regarding the nature of stuttering is, as is recognized by all authorities without exception, so far as I know, that it is contagious. The statement of this fact is well made by Dr. Hudson-Makuen (Pa. Med. Jour., 1909). He says that "children are not born stammerers, but they are born with a highly developed imitative faculty."

I am aware that there are many who are not willing to accept the conclusion which seems to me to be legitimate. Dr. Herman Gutzmann, for instance, whom we must give first rank in effective and scientific work along this line says (Monat für Sprachheil, Vol. XVIII, p. 211) that all stutterers without exception are neuropathically afflicted persons, in whom general nervous disturbances are to be observed. He is, however, ably opposed in this view by Dr. Otto Laubi (Ibid, Vol. XX., p. 194), who takes the position that the neurophatic symptoms always found by Gutzmann



are secondary or sequential. The primary cause to him is psychic. This psychic cause to him makes all the rest fade into insignificance. He thinks that each man carries about with him both conscious and unconscious emotional tones. Another physician, Dr. Netkatschew, has recently written a brochure on the psychic aspect of the question (*Eine neue psychologische Behandlungs Methode des Stotterns*—Moskau, 1909) in which he claims the clearing the way to a new psychological treatment of stuttering, which he thinks is caused by a feeling of anxiety which arose perhaps unconsciously in childhood. My own observations have gone to show that there is an affective element in the acquisition and in the functioning of speech in the case of the child which it is difficult to evaluate from the adult point of view. Hence I can in some measure appreciate the stress which Wundt<sup>2</sup> has put upon that subject in relation to the growth of language. But that need not be elaborated here.

Dr. E. W. Scripture<sup>3</sup> says that stuttering is a distinct form of nervous disease, and that it can only be treated legitimately from the medical point of view. However, in a reprint sent me by Dr. Scripture, I find these words: "Stuttering is essentially a mental trouble—a psychoneurosis—arising from a compulsive idea." I quote again from a medical authority, Dr. E. Bosworth McCready<sup>4</sup>. "I have," he says, "elsewhere defined stuttering as a condition in which, through lack of co-ordination of the nervous mechanism controlling the organs of speech, which may include either excessive or deficient innervation, there is a difficulty in enunciation which may either comprise spasmodic effort without articulate sound before the utterance of the one following or associated with it have compensatory spasms of muscles not directly involved in speech." While this definition, an adaptation of those of others, seemed satisfactory to me at the time, I have since come to realize that like those of others, it is simply an enumeration of symptoms. To my mind there has never been a satisfactory explanation of the cause of stuttering. To treat it as a neurosis, 'a mental tic,' is not going far enough. A neurosis it undoubtedly is, after the establishment of the compulsive idea, but calling it such does not explain why certain individuals under the influence of fright, imitation, acute disease or nasopharyngeal irritation, begin to stutter

<sup>2</sup> *Völkpsychologie*—Die Sprache. Dritte Auflage.

<sup>3</sup> *Med. Rec.*, Vol. 74, p. 257.

<sup>4</sup> *Jour. Am. Med. Assn.*, Vol. 4, p. 208.



while others equally neurotic and exposed to the same influence do not.

In spite of this strong presentation, we find Dr. McCready leading us into hopelessly tangled woods instead of clear ground. For instance, he is endeavoring in this very paper to classify stuttering with amusia, saying that he has put it "among the group of developmental defects caused by biologic variations in centres and commissures through which are derived perceptions of music and rhythm." In this he anticipates, but to my mind fails to answer, the objection that stutterers are almost all able to sing. He also, to my mind, fails to duly credit cogency of the bearing of the case which he himself quoted, namely, that of an aphasic mentioned by Dr. D. X. Dercum, who could only say two words—"yes" and "no." This same aphasic, however, could sing "Auld Lang Syne," both carrying the tune thru and also enunciating each word clearly. This gives conclusive proof of what has really already been recognized\*, namely, that the center of musical control is not the same as the center of speech control. He thinks that Dr. Dercum is correct in saying that "reinforcement" can explain the apparent inconsistency of his position. One can hardly see how the musical center can reinforce a speech center which has been destroyed by local lesion as in aphasia. It would seem better to use the term "vicarious function," which is now being spoken of by von Monakow as a handy dodge for all unexplained localization theories. In any event, it seems utterly beyond me to conceive how a "biologic variation," which he says is the cause of the lack of expression and appreciation of melody and harmony, can sometimes be present and sometimes be absent in the same individual, and moreover, can find its origin in all sorts of psychic experiences as grief, shock, fear, anger and the like, as by imitation, all of which things we know to take place with the stutterer.

Stekel says in his "Nervöse Angstzustände und ihre Behandlung"<sup>5</sup>, "One of the darkest forms of hysteria is stuttering, the anxiety before speech. I have studied this neurosis in many cases and have always come to the same result that stuttering is a psychic treachery (Verrat), just as misreading or miswriting; an unconscious complex crowds itself between the syllables and the words. There are inner contradictions which hinder the free flow of speech, not

\* By Jastrow and Baldwin, et al.

<sup>5</sup> Quoted by Gutzmann, Monatsch, für Sprachl., April, 1910.



faulty articulation, faulty breathing or unclear vocalization."

The physicians have been the first to address themselves to the solution of this problem, but by weight of the verdict of their own findings the psychological end of it is assuming larger and larger proportions, to the extent that some, at least, are ready to say that it is the whole of it. If the physician with his legitimate bias for the medical point of view has seen so much that is of psychological interest in this question, it would seem that the time has come for some sort of systematic approach to it along that line. These attempts by physicians, while they have been always sincere, and, moreover, have been the only attempts that could lay any claim to being scientific, have been and still are altogether too sporadic to offer the slightest hope that this big issue will find a solution at their hands. They furthermore do not have the educational point of view, and this is an educational problem. The seat of this disturbance, in the opinion of those who have made it a study, has shifted from the peripheral to the central organs by slow and yet certain movements. Merkel<sup>6</sup>, in 1886, placed the cause in the will, as Delau had done as early as 1829. Many<sup>7</sup>, if not indeed most writers of modern times, have concluded that stuttering is a psychic ailment. Among these are mentioned Barth, Troemer, Stekel and Mr. Appelt, who has recently written a book on the subject of the treatment of stuttering by the methods of psycho-analysis. The list could be extended.

In a letter to me, Dr. Morton Prince recently said: "I am entirely in accord with you in your point of view regarding the pathology of stuttering. My observations have led me to think that the mechanism is psychological rather than physiological."

And now in conclusion: If this class of exceptional children is not characterized by any mental deficiency; if there are no pathological lesions to be found, and no anatomical abnormalities, the answer to my second query becomes at once obvious.

<sup>6</sup> Stammering and its Permanent Cure, p. 11, by Appelt, London, 1911.

<sup>7</sup> Stammering and its Permanent Cure, p. 15, by Appelt, London, 1911.



## DISCUSSION

**Dr. E. BOSWORTH McCREADY, Pittsburgh, Pa.:**

Mr. Fletcher's contention seems to be that stammering is a neurosis, due to psychic influences and in some way involving subconscious personality. The term "neurosis" really means very little. It is the waste basket into which the physician throws all conditions the basis of which he does not thoroughly understand.

My interest in the exceptional child was first aroused through my study of speech defects. I found that in every case the speech defect was but a part of the symptom-complex. In all cases of stuttering there will be found a pathological basis, if nothing else than a poorly developed nervous system. Many will present other signs of hypoplasia, such as the stigmata of degeneracy.

To my mind it is strange that but a very small proportion of stutterers are found among the feeble-minded, and then only among the highest grade. Stuttering in a high-grade imbecile is very difficult to cure, as it is almost impossible to gain the co-operation of the patient. It is my custom to subject the difficult cases to a thorough mental examination.

My article regarding the relation of stuttering to amusia was meant to be merely suggestive, and I still believe that the theory is sound. I did not state that there is a separate musical center, but that a musical center is a part of each of the speech centers.

**MRS. FRANK A. REED, Detroit, Mich.:**

I have never had anything to please me so much as to learn that people of science and research are looking into this matter of speech defects in children. I have been a teacher of this work for twenty-five years and, during that time, I have had under observation about three thousand cases of stuttering. I wish to commend what Mr. Fletcher has stated. I do not see, however, how this so-called hyperplastic condition of the brain can operate in these cases, for it is a fact that among these students were men of the brightest minds. I have had doctors, chief engineers, teachers, lawyers, clergymen and students. When relieved of this impediment they were normal and all nervousness disappeared and these students can be cured of their stammering. In my observation of children I believe that nervousness is more apt to be an effect rather than a cause. They appear to be self-conscious and peculiar, easily frightened, until corrected, and I believe they should be in the hands of the physician as well as the teacher. The teacher needs the physician and the physician needs the teacher, but they do not belong wholly to the role of medicine or of surgery.

**DR. MAXIMILIAN P. E. GROSZMANN:**

We should take the middle course between these two extreme views. I believe that Dr. McCready's view of a hyperplastic condition in these cases is a correct one. The fact also is indisputable that certain pathological conditions may be controlled under certain favorable conditions of education and environment. Educational methods, largely psychic in their essence, will be



apt to strengthen the individual's power to do things, and so counter-balance the hyperplastic condition. This will stimulate related centers which may make up for what is lost. Thus the medical and the psychological views may be co-ordinated. Some cases may be purely pathological and beyond educational redemption; but many another will be found amenable to training, especially when medical co-operation can be secured.

JOHN M. FLETCHER:

I wish to enter a protest against Dr. Grossmann's tendency toward pacification. We can scarcely get our issues (or swords) drawn before he, in his kindness of feeling, rushes in with an olive branch. I feel sure that Dr. McCready will not consider me wholly blind to the medical aspect of the problem of speech defects. I am merely endeavoring to see that he appreciates the psychic side, which I believe medical men have largely failed to do up to the present. If I could only show you some of the breathing, voice and plethysmographic records which I have been gathering for several years I think I could enable you to appreciate in some measure the point of view for which I contended in my paper. I can scarcely understand how it can be that stuttering is due to some permanent organic disturbance when a subject, for instance, will read fluently so long as I read with him, but when I cease to read he becomes at once unable to speak. My personality reinforcing his own weak nervous mechanism, you say? Suppose I leave him alone in the room and pass beyond his hearing. I then find him reading perfectly. The instant I return, he is again unable to speak.

Again, what are the remedial measures? Are they medical or are they educational? The training of the nervous system may be regarded as the objective point in all education. Lotze has claimed that education means nothing more nor less than the turning over of the cortical processes to the lower reflex centers. It seems to me, therefore, that if stuttering is to be regarded as a purely medical problem then we must call education in general a medical problem.



#### IV.

### ON THE SIGNIFICANCE OF FREUD'S PSYCHO-ANALYTIC METHOD FOR THE STUDY OF EXCEPTIONAL CHILDREN

By JAMES J. PUTNAM, M. D.,

Professor of Neurology, Harvard Medical School.

The object of this paper is to call attention to the new lines of classification of the personal characteristics, as well of children as of adults, made possible by the psycho-analytic investigations which were originated by Professor Sigmund Freud, of Vienna. The primary purpose of these studies was a therapeutic one; they were undertaken with the hope of finding a means to cure adult patients with abnormally working minds, through tracing back the origin of these abnormalities to influences brought to bear during adolescence, childhood, and even infancy. This attempt proved, however, so important, and led to such striking results, that, amongst other things, it has become possible to lay down a number of principles of normal and abnormal development eminently applicable to the period of childhood, and to give a new meaning to the adage, "the boy is father of the man," which is cheerfully repeated with approbation by hosts of persons who would shrink from the admissions that a true knowledge of its meaning necessarily implies. Some of these principles and this knowledge can be made use of tentatively in education, but we must be content for the most part to see our power of practical application lag far behind our acquisition of principles and of facts.

Broadly speaking, we cannot profitably study the development of the exceptional child without studying at the same time that of the normal child, for the two lines of evolution diverge but slightly from each other. "Relatively normal," "relatively exceptional," would indeed be the better terms; for in this finite world absolute normality is impossible, and the best of us has, biologically and psychologically, a recognizable kinship with the worst. The child comes into the world with traits which are, in appearance, strongly opposed to those of the highly developed and cultivated man, conscious of his best destinies. The cultivated man prides himself on his neatness, and even takes it as a symbol of spiritual purity; the infant, wrapped in his diapers, revels in—from our point of view—uncleanness.



Every act of the highest types of men is penetrated through and through with benevolence and desires for the social welfare; the young child is not, to be sure, deliberately and systematically anti-social, but distinctly a-social, at times superstitious and unhappy, and eminently thoughtless and egoistic. However willing one may be to admit that the signs of dawning will, social consciousness, and of aspiration towards the highest evidences of a spiritual life may show themselves at a very early period, the fact is obvious that an enormous amount of crude self-discipline must take place on the part of the growing child, a fundamental re-emphasis of his preferences in response to social needs, the sacrifice of many of his innate traits and instincts, and of his personal pleasures and desires, before he is ready to take his place as a useful member of the family and the state. In the necessity for this piece of personal evolution we find the scientific justification for the old church doctrine of original sin. For our moral standards are not born with us; they are won, and though much of the struggle is unconscious—often, perhaps, too much so—the scientific educator should become aware of the details of the period of transition.

Numerous as our opportunities would seem to be, however, for accurate and unbiased observation of this process, it has become clear that our knowledge of them is but slender and inadequate. It is not ordinarily realized that every child must pass through a valley of temptations, to some of which he is likely more or less to yield; nor are the laws generally understood under which good traits, as well as bad, art and science, as well as depravity, are seen to owe much to the experiences of this passage.

It is certain that much time and patience are needed for the adequate understanding of the principles established by Freud and his colleagues, and that a considerable time must still elapse before these principles are fully accepted by the medical profession as a whole; so strong was the first reaction against Freud's boldness in insisting on the enormous importance of the part played by the sexual life in the development of character. This opposition is noteworthy, not only because of its practical significance, but also because the force of the resistance to Freud's arguments roughly measures the intensity of the child's instinctive attempts to repress, in the interest of cultural requirements, many tendencies which cluster round the sexual function. It measures, too, the insistence of the traits of character which take their rise in this repression. But



in fact, no earnest student of child-life can avoid recognizing the necessity of familiarizing himself with these studies, and, fortunately, a portion of the literature required for the task has been translated into English by Dr. A. A. Brill<sup>1</sup>.

The importance of the subject must be my apology for offering this hasty sketch to this Association.

Every child, even if handicapped through inheritance, comes into the world not indeed with an amount of capacity for development equal to that of all the rest, but with a capacity to gain a fair degree of **mental balance**, provided ideal conditions of development can be secured to him. But in order that these results should be obtained, the child must at least be free from hidden cravings through which he is liable to be swept away, as by a strong tide within a still, deep ocean, in a direction contrary to that in which his intelligence would prefer to guide him. It is, of course, very difficult, indeed almost impossible, to secure these ideal conditions of development for the young child, plunged almost suddenly into a world at once complex and artificial. The dangers which attend his evolution threaten to draw him into habits of self-gratification which easily change their form, but are liable to remain imperative. He finds himself entrusted from the very outset with imperative cravings, a portion of which (the sexual portion) mark him as destined, above all things, to aid in the perpetuation of his race. This destiny is not at first, or for many years, made clear to the growing child. On the contrary, he finds himself, at first, confronted by a variety of means of obtaining vivid or engrossing sense-gratifications—as by the excitations of the mouth, of the anus and rectum, the urethra, and through the senses of sight and smell—which really lead up to the sexual functions, but should not be long retained and cultivated for their own sakes. In fact, however, the child is often under the temptation to cultivate these various forms of gratification for their own sakes, and on this account, as well as because the sex-function itself is liable to be excited prematurely in objectionable forms, he is taught or instinctively learns to **repress** his inopportune desires. For these various forms of self-gratification, and a

<sup>1</sup> Cf. Drei Abhandlungen zur Sexual-Theorie (Three Essays on the Theory of the Sexual Life.) N. Y. Journal of Nervous and Mental Diseases. See also an important paper on Psychoanalysis and Education, in the American Journal of Educational Psychology, November, 1910, by Prof. Ernest Jones, and many papers by Prof. Freud and others in his Sammlungen kleiner Schriften, and in the Jahrbuch für Psychoanalytische u. Psychopathologische Forschungen.



large number more that spring from the same root, are stamped by society (represented by the mother and the nurse) as inadmissible. The child who continues to suck his thumb, or bite his nails, or wet the bed, long after the period of infancy, is started on a path of personal self-indulgences to love of personal gratification in general, and one or another of the thousand-fold forms of a-social self-indulgent excitements, characteristic of adolescence and adult life. The child may be said to be sensitized by these self-indulgences to love of personal gratification in general, and may more easily than another find undue pleasure in the excitements that attend thieving, the wanton infliction of pain, lying or other faults, just as, at a later period, in the excitement of drinking alcohol. Such a child may have many excellent qualities, but will be under the need of correcting the temptation to live often on a level lower than his best.

It should be clearly understood that the history of the child's development along these lines is a very complex one. The worst part of the self-gratification tendency is that it lies largely outside the ken of conscious introspection. The self-indulgence seeking child is concealed from himself, and thenceforth leads—as does every one in some measure—a sort of double life. Fortunately, just as continued yielding to bad habits is objectionable for the formation of character, so the overcoming of bad habits, the shrinking from a-social tendencies, leads to strong character and agreeable traits; but before speaking of this principle at greater length, I wish to refer briefly to another great and subtle danger which besets the child in his rapid passage through the valley of transition.

The child's first passion—a sex-passion, let us call it—is for himself, treated (as illustrated by the myth of Narcissus) almost as if a separate person. The next step to this is represented by the choice of another person to represent himself—usually, perhaps<sup>2</sup> for a brief time, a person of the same sex. Very soon, however, the parents, one or both, are chosen as objects on which the child learns to expend his growing need of externalizing his feelings of love or passion. But this parental affection, while it may lead to all that is best, may serve, on the contrary, as the training school for over-strong emotions, and over-strong reactions against them which may tempt, through complex

<sup>2</sup> Cf. *Bemerkungen zu einem Fall von Paranoia*, by Prof. S. Freud: *Jahrbuch für Psychoanalytische Forschungen*.



windings, to overmastering habits of self-gratifications of other sorts.

I have referred to the well-known principle that the best characters are won through breaking away from unfortunate tendencies, and it needs to be pointed out that this reaction may be far too violent, and all the more so when a portion of the process is concealed through repression and by the desire to continue the repressed craving under another form.

Some of the strongly marked tendencies of the "exceptional child" indicate an instinctive attempt to shrink, in accordance with this principle, from a tendency which is felt to be distressing or painful, or too strong to harmonize readily with the ideas of the conscious personality. Thus, the feeling of antipathy to one or the other parent is often a reaction from a passionate affection for this parent which the child had recognized as too powerful. It might almost be said, indeed, that every very violent feeling tends to be accompanied, preceded, or followed by the opposite feeling. Persons who are extremely neat have passed through a time in early childhood when they had an interest for gratifications such as in social language would be called dirty, and many of them, strangely enough, still retain this interest, although wholly sub-consciously, so that, in a psychological sense, it is from their present selves that they still shrink. High degrees of refinement are not so much inherited as they are won through shrinking from opposite tendencies. These statements find an interesting verification in the fact that every language, though certain ones more than others, contains words that indicate at once two opposing attributes.

Another series of traits which often tends to become morbid is that which might be classed under the head of **ceremonies of expiation or propitiation**, and it happens only too often that the original morbid gratification finds itself a good deal prolonged or given new life to in this manner. The excessively religious observances and the overdrawn morbid conscientiousness of childhood are instances of this tendency.

Although this sketch was intended only as a hint at principles of great importance, not as a treatise on them, I cannot leave the subject without referring to the fact that the investigations here alluded to have made possible a highly useful classification of certain mental disorders, the knowledge of which is of great importance for the student



of the exceptional child. I will refer, by way of illustration, to the affection now familiar under the name of dementia precox, the symptoms of which have been classified psychologically by Dr. C. G. Jung, of Zürich, as one form of a much wider group, characterized by symptoms designated as "introversion" symptoms, which again represent an extreme form of self-centeredness. The self-centering tendency is a very subtle one. It leads to a concentration of the attention on personal feelings, to secrecy, solitude and repression. The self-repressive child soon finds himself leading a double life. In other words, he arrives at the point of concealing his desires, not only from those around him, but from himself.

This introversion may become developed to various limits, and when it is strongly accentuated the child may become so absorbed in his hidden but imperative desires that he cannot rise above them, except for the most needful conditions of social living. He may, indeed, become so deeply immersed in these hidden feelings that he never can emerge again, and then (in accordance with Jung's view) he becomes a "dement"—though from this point of view the conception of dementia must be taken as quite different from that which is ordinarily assigned to it. The modern conception of dementia precox—*anterior*, I mean, to that of Jung—is due essentially to the observations of the German psychiatrist Kræpelin. But although Kræpelin's merit as a describer of clinical types is great, yet in defining the dementia precox group as made up for the most part of incurable cases, he did but tell what he had seen in his hospital and private practice amongst the insane. It was reserved for Dr. Jung and his adherents to show that, from the psychological standpoint, the dementia precox of Kræpelin could profitably be included in a much larger group of disorders, embracing, among others, a large number of cases which are described by Janet under the heading of "psychasthenia." Finally, this psychological classification makes it possible to show that both dementia precox and psychasthenia find analogies among relatively normal persons.

I would not, of course, deny that other causal influences may be at stake here, such as might be classified under the headings of hereditary tendency, environment and brain disease. It has, however, been made clear that some tendencies hitherto considered as pointing, let us say, to dangerous or organic defects, are referable in far greater



measure than has been supposed, to psychological reactions, which might, at least theoretically, have been prevented and the effects of which may sometimes be neutralized to the patient's benefit.

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## General Discussion

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SUPT. HENRY D. HERVEY, Auburn, N. Y.:

Though I attend many educational meetings during the course of a year, and derive much benefit from such attendance, I am inclined to feel that the meeting of the National Association for the Study and Education of Exceptional Children is the most suggestive and valuable of them all.

Here one comes into contact with a small but highly trained group of specialists. I know of no other educational meeting, in fact, that brings together specialists from so many varied fields, yet each in some way vitally related to the child. Here one gets not only a conception of the vastness and complexity of our common problem, but also, along with this, a breadth of view and a perspective which are often lacking in other educational gatherings.

It is perhaps the distinctive merit of this association that it gives this sense of perspective. It searches for underlying causes, both immediate and remote; it seeks to discover, to evaluate, and to place in proper relation all those vital factors affecting the life and progress of the child in the school. There can be no service to education more vital or more fundamental than this. It is the first and most necessary step in arousing and bringing into harmonious activity all those social forces upon which genuine educational progress depends.

For what he has already done, Dr. Grosszmann has placed the entire educational world under lasting obligation. It is to be hoped that during the coming year the membership may be largely increased and that our association may receive the financial support which is so greatly needed and so richly deserved.

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MR. C. A. HILL, N. Y. State Department of Education, Albany, N. Y.:

I am impressed with the magnitude of the task of caring for exceptional children in addition to the proper education and training of normal children. There are many children in the



homes, running in the streets, collected in orphan asylums who are not being properly cared for in the vital manner of preparation for the future. The public schools do not and cannot reach this class. Private efforts are accomplishing much, but not enough. More money is needed to do what all well-informed people know ought to be done. The taxpayers are already heavily burdened. What shall be done?

In my opinion the stream of private benevolence should be turned more fully into the channel of helpfulness to the weak, the dependent, the dangerous class. Society is threatened; is now suffering from a neglect of exceptional children. It is breeding immorality and crime and then spending enormous sums in a fruitless effort to cope with the results. Great sums of money are being given for education and philanthropy, but a small percentage of the amount is applied at the real danger point. Endowing colleges and universities is excellent, but providing for efficient elementary training for all the children, normal and sub-normal, is much better.

This Association is doing a good work in diagnosing the conditions. Dr. Groszmann is pointing out the way to solve one phase of the great educational problem. He should have the hearty support of all, and funds should be provided to make effective the results of his investigations and those of others who are laboring in this important field.

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**DR. MAXIMILIAN P. E. GROSZMANN:**

I feel very much gratified that the New York State Department of Education is represented in this conference. The points raised by Mr. Hill are of the gravest importance. Since my work for the exceptional child was begun and since this organization was organized, others have been stimulated to work along similar lines. But it is necessary to co-ordinate all these various efforts under one common viewpoint, so as to avoid duplication. As it is at present, the same persons are connected with a number of different societies, each one representing a part of the general problem, which is presented by this Association. And it is certainly true that there is not another Association that takes the same comprehensive view of the problem of the exceptional child. As already stated, the problem of the exceptional child is one which requires the co-operation of educational, medical and social workers. We must arouse a public understanding of the gravity of the problem. We must develop the right kind of public opinion so as to get the necessary substantial support for this work. We need money and we can only get it by arousing public opinion.

The question that confronts us now is how can we go to work? All of you must help with your advice and your co-operation.

We shall first have to depend upon the good will of private individuals for support. The fundamental work of all new social developments is done by private initiative; it is only at a later stage when it becomes a public proposition. But private money has not yet come our way. The attention of philanthropists has not been engaged for our work. This is due to the fact that not only are our work and viewpoint new, but



they are lacking spectacular features, such as can be illustrated by the kind of photographs which arouse the sympathies of people.

You all are familiar with the pamphlets showing the pictures of poor and neglected children, of sickly waifs picked up from the street and the parallel pictures showing these same forlorn creatures after they have been taken care of by charitable agencies. It is owing to appeals like these that Children's Aid Societies, Red Cross Societies for the Prevention of Tuberculosis, Child Labor Committees and many other societies of a similar nature have been able to arouse public pity and gain well-merited support. All this is necessary, but our work is of a kind which does not easily allow of these "before and after taking" methods.

We should strive harder to gain public sympathy. Personally, I do not see how we who are directly engaged in the work can do it; it is enough for us to cope with the difficulties and exigencies of the study of this problem itself. I wish we could be helped by suggestions so that we might place our problem before the community concretely enough to arouse public sentiment. Naturally, work of this nature entails a great expense. But should not the public be made to see that if they would give us the money for carrying out these investigations and helping in the solution of this problem, it would really mean an investment and prevent undue expenditure at the other end? Dr. Ayres tried to show us that 50% of the children in the schools are falling by the wayside; they go out into the world imperfectly prepared and will eventually become a burden to society. The McNamara trial has so far cost the State over \$190,000. Think of the money spent on account of the Harry Thaw trial. In both instances, the community was dealing with exceptional children grown up. Here you have the enormous problem of the misfit in society. If we could get hold of the handicapped, the difficult, the unsocialized, the erratic child while he is still a child, what a tremendous blessing it would be and what a tremendous saving it would imply!

I wish we had ample enough opportunity to obtain complete statistics on this problem. Much of the work is clinical in character, but its success depends in a great measure upon propaganda. We must be financially aided if we are to carry out this work properly. We need help. If we can obtain this help, we may finally have a betterment of the chances of the individual child, a betterment of social conditions and a larger hope for humanity.



## Table of Contents

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	Page
Foreword . . . . .	v-vi
<b>FIRST SESSION.</b>	
Opening Remarks by President . . . . .	i
The Needs of Our Movement for the Realization of Its Aims . . . . .	1
By A. EMIL SCHMITT, M. D.	
The Etiological Factors in Exceptional Children and Their Prevention . . . . .	7
By MARCUS NEUSTAEDTER, M. D.	
Progressive Methods of Dealing with Juvenile Delin- quency . . . . .	15
By HON. NEELE B. NEELEN.	
Messages, etc. . . . .	31
<b>SECOND SESSION.</b>	
Syphilis as a Factor in the Abnormal Development of Children . . . . .	39
By EBERHARD W. DITTRICH, M. D.	
The Condition of Nose, Throat and Ear as a Factor in Ex- ceptional Development . . . . .	52
By OTTO GLOGAU, M. D.	
The Relation of Exceptional Physical Conditions to Excep- tional Mental Conditions . . . . .	57
By JOHN J. CRONIN, M. D.	
Birthright of the Normal Deaf Child . . . . .	64
By MARY S. GARRETT.	
<b>THIRD SESSION.</b>	
The Backward Child vs. the Feeble-Minded Child . . . . .	73
By MAXIMILIAN P. E. GROSZMANN, Pd. D.	
The Exceptional Child from the Standpoint of the Social Worker . . . . .	81
By JOHN L. ELLIOTT, Ph. D.	
Educational Needs of Various Kinds of Exceptional Chil- dren . . . . .	84
By GEORGE P. BARTH, M. D.	
How Mothers Shall Learn to Take Care of and Bring Up Their Children . . . . .	88
By EDWARD L. STEVENS, Ph. D., L. H. D.	



<b>How to Socialize the Unsocialized Child—Constructive Attitude Towards Pseudo-Atypical Children</b>	<b>91</b>
By RICHARD WELLING, Pd. M.	

**FOURTH SESSION.**

<b>The Identification, Location and Enumeration of the Misfit Child in the Public Schools</b>	<b>103</b>
By LEONARD P. AYRES, Ph. D.	
<b>The Exceptional Child in the Private School</b>	<b>113</b>
By FRANKLIN C. LEWIS.	
<b>Some Observations on the Value of Physical Activities in the Education of Atypical Boys</b>	<b>117</b>
By GEORGE MEYLAN, M. D.	
<b>The Relation of the State to the Education of Exceptional Children</b>	<b>121</b>
By FREDERICK E. BOLTON, Ph. D.	

**FIFTH SESSION.**

<b>Clinical Studies of Exceptional Children</b>	<b>133</b>
By E. BOSWORTH McCREADY, M. D.	
<b>Invitation for the Next Conference.</b>	<b>143</b>
<b>Faulty Home Education As a Cause of Exceptional Development</b>	<b>144</b>
By CHARLES A. EATON, D. D.	
<b>Speech Defects in Children</b>	<b>148</b>
By JOHN M. FLETCHER.	
<b>On the Significance of Freud's Psycho-Analytic Method for the Study of Exceptional Children</b>	<b>162</b>
By JAMES J. PUTMAN, M. D.	
<b>General Discussion</b>	<b>168</b>
<b>Addenda</b>	<b>173-190</b>

Activities of the N. A. S. E. E. C.

Tentative Classification of Exceptional Children.

Excerpts from the By-Laws.

Appeal for Co-operation and Funds.

Urgent Needs.

Resolutions.

Change of Name of the Association's School.

Publications Issued by the N. A. S. E. E. C.

Contents of "Volume of Proceedings, 1910."

Contents of "The Career of the Child from the Kindergarten to the High School."

Contents of "Some Fundamental Verities in Education."



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## **Addenda**

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### **Activities of the National Association for the Study and Education of Exceptional Children**

1. The gathering of **statistics** and other information as to the number and various types of exceptional children, and provisions for their care, in the United States, and eventually abroad.

2. A **Reference Library** containing books, periodicals, reports, blanks, etc., that have a bearing upon the problem of the exceptional child.

3. An **Information Bureau** for the benefit of boards of education, legislative bodies, social workers, juvenile courts, medical specialists, parents, and others interested in the solution of the problem of the exceptional child, collectively or individually.

4. A **Publicity Bureau** for the distribution of printed matter of information, scientific monographs, volumes of proceedings of conferences, reports, etc., and for the arrangement of conferences, public lecture courses, round tables, and propaganda work of different kinds.

5. A **Pedagogical Laboratory** devoted to research on the broad aspects of the problem of the exceptional child, and for the systematic testing of all phases of exceptional development in children, and for the study of its causes.

6. **Herbart Hall, an Institute for Atypical Children**, a sanitarium school, in which actual cases of atypical development can be clinically observed, studied, and treated. This institute for potentially normal children is distinct from the other two educational departments maintained by the Association, and in which other phases of exceptional development are studied and treated. Cf. 7 & 8.

7. An **Observation Clinic** for the care and study of borderland cases where a positive prognosis of eventual restoration to a fair degree of normality, or of permanent defectiveness must be based upon extended observation.

8. An **Adolescent Department** for ineffective persons between the ages of 16 and 25.

9. **Courses for the Training of Teachers** of ungraded and special classes and special schools, as well as of tutors, nurses, and experts for the handling of individual cases and for the study of the general problem.



## **Tentative Classification of Exceptional Children**

**Suggested by Maximilian F. E. Grossmann, Ph.D., Educational  
Director of the National Association for the Study  
and Education of Exceptional Children.  
Plainfield, N. J., May, 1909**

### **A. NORMAL CHILDREN.**

(Those who are in accord with the norm, or standard, of human nature.)

#### **1. TYPICAL CHILDREN.**

(Those who conform to the average human type, representing the present stage of civilisation.)

#### **2. PSEUDO-ATYPICAL CHILDREN.**

(Those who only seemingly deviate from the average human type.)

##### **a. Children Whose Progress in School was hindered by:**

1. Change of schools;
2. Slower rate of development, without atypical retardation;
3. Temporary illness;
4. Slight physical difficulties, such as lameness and minor deformities, slightly impaired vision and hearing, adenoid vegetations, etc. This last class is similar to Group 2, of the Pathological Classes, Subnormal Group, only that it represents retarded instead of arrested development.

##### **b. Children of Unusually Rapid Development, without genuine (pathological) precocity ("bright" children).**

##### **c. Children Who are Difficult of Management.**

Naughty, troublesome, spoiled children, without genuine perversity.

##### **d. Neglected Children.**

Pseudo-atypical children may be rapidly restored to normal equilibrium.

#### **3. ATYPICAL CHILDREN PROPER.**

(Those who deviate from the average human type.) Hereditary, congenital, and environmental causes.

##### **a. Neurotic and Neurasthenic Children.**

Over-stimulation and precocity. Genius. Irritability. Excessive imagination and lack of mental and emotional poise. Hysteria. (Dementia Præcox.) Lack of concentration. Negativism. Contrariness. Perverse tendencies. Sexual precocity. Fears and obsessions. Defective inhibition. Tic. Motor disturbances. Vasomotor, sensory, and trophic disturbances.



- b. Children of Pathologically Retarded Development. Impaired conceptual ability due to retarded brain development. Physiological retardation of growth rate. Special physical causes: Chronic catarrh, chronic difficulties of nutrition, serious chronic affections of vision and hearing, venereal infection, etc.

Any of these classes, thru neglect or adverse environmental influences, may drop in the scale of development, into lower classes. In other words, the individuals composing them, may lose their normal characteristics and degenerate into permanent defectiveness. It is a matter of potentials and their direction. On the other hand, having the normal potentials, atypical and pseudo-atypical children may be restored to normal equilibrium.

## B. SUBNORMAL CHILDREN.

(Those whose potentials are incomplete, or underdeveloped.)

### 1. DEFECTIVE CHILDREN.

Hereditary and congenital causes.

Epileptics, blind, deaf-and-dumb, deformed, paralytics, crippled, etc.

These children can never attain the perfect norm of human nature, as their potentials are incomplete.

### 2. CHILDREN OF ARRESTED DEVELOPMENT.

(Acquired abnormality or defectiveness.)

#### a. Pathological Classes.

Children born apparently normal, but having their development checked by:

1. Hereditary causes, manifesting themselves at certain developmental periods;
2. Special causes, as diseases, fright, accidents, etc.

The arrest of development may be only partial as in the case of children deformed by accident; then, there will be mainly a condition of incompleteness, as in Group 1, Defective Children.

#### b. Submerged Classes.

Environmental influences have prevented them from attaining full maturity.

Children of arrested development will remain essentially subnormal, no matter how well they may be educated within their limits.

### 3. CHILDREN OF RUDIMENTARY OR ATAVISTIC DEVELOPMENT.

The primitive type, representing mental, moral and social instincts and activities on the savage, barbarian, or generally uncivilized level.

Primitive races.

Atavistic individuals. These approach the abnormal level. They represent a reversion of instincts and capacities in spite of being born from apparently normal parents.

GROUPS A AND B CONSTITUTE HUMAN SOCIETY



**C. ABNORMAL CHILDREN.**

(Those who deviate from the norm, or standard, of human nature.)

Hereditary and congenital causes.

Cretins, cretinoids; microcephalics, macrocephalics, hydrocephalics; idiots, idio-imbeciles, imbeciles and feeble-minded; insane; criminals; moral imbeciles and moral perverts.

Abnormal children stand outside of human society and require custodial or institutional care permanently.

**DEFINITIONS.**

(Standard Dictionary.)

**Norm:** A rule or authoritative standard.

**Normal:** According to an established law or principle; conformed to a type or standard; regular or natural.

**Abnormal:** Deviating from the natural structure, condition, or course; unnatural.

**Type:** One of a class or group of objects that embodies the characteristics of the group or class; an example, model, representative, or pattern, as of an age, a school, or a stage of civilization.

**Typical:** Having the nature or character of a type.



### **Excerpts from By-Laws**

1. Any person, corporation or association may become an annual member, annual patron, life patron, donor or founder of the Association by written application to and acceptance by the Board of Trustees.

2. Each regularly admitted **annual member** shall pay to the treasurer of the Association during January of each year as a donation towards the pecuniary needs of the Association at least one dollar (\$1). Such annual member shall be entitled to all the rights and privileges granted to the patrons etc., of the Association, **except the right to vote for trustees.**

3. Each regularly admitted **annual patron** shall pay to the treasurer of the Association during January of each year as a donation towards the pecuniary needs of the Association at least ten dollars (\$10).

4. Each regularly admitted **life patron** shall pay to the treasurer of the Association at least one hundred dollars (\$100).

5. Each regularly admitted **donor** shall pay to the treasurer of the Association sufficient funds to establish a scholarship for one year.

6. Each regularly admitted **founder** shall pay to the treasurer of the Association at least five thousand dollars (\$5000) in one sum.

8. A meeting of the members, patrons, etc., of the Association shall be held during April in each year for the purpose of electing trustees, and for the transaction of any other business which may become necessary.

12. At all meetings of the members, patrons, etc., of the Association, each member (except as stipulated in paragraph 2 of this article), patron, etc., shall have one vote and may cast one ballot in person or by proxy.



## **Appeal for Co-operation and Funds**

The far-reaching work which this Association has undertaken cannot be properly and effectively done unless it has the co-operation of all public-spirited citizens and sufficient funds to organize its forces in a business-like manner. It is becoming more and more recognized that this Association is destined to become a national focus in which all the various efforts for child rescue work and social betterment may be made to converge. In one word, the purpose of this Association is the **SAVING OF HUMAN WASTE** and the protection of society from the deleterious influences due to its own subnormal, abnormal or diseased members.

Work of this kind, if it is to be done forcibly and comprehensively, requires an organization which must necessarily be expensive. The various activities already established by this Association are still crippled thru lack of adequate funds.

We appeal therefore to all who may read these proceedings to affiliate themselves with this Association by becoming members and patrons, thus giving us the influence of their co-operation and the benefit of their contributions. Also, we appeal to them to assist us in collecting funds ample enough to make our efforts successful. A proper understanding of the problem of the exceptional child will go far in solving the problems of society, and will prove itself the most urgent need of the present time.

The following forms of funds are now necessary:

- (a) Endowments and funds for buildings, laboratories, and their equipment, purchase of "Watchung Crest," etc.
- (b) Clearance of present deficit, repairs and improvements of buildings, etc.
- (c) Endowments and funds for research, publication, and propaganda work.
- (d) Funds for developing the reference library and information bureau.
- (e) Funds by way of scholarships for poor children in the Association's educational and clinical institutions.



### Urgent Needs

Intensive work is now being done to collect the following sums which are particularly urgent:

<b>First:</b> For scholarships in "Herbart Hall" and the "Observation Clinic" .....	\$ 5,000
<b>Second:</b> For expenses of national conferences and printing of volumes of proceedings.....	1,500
<b>Third:</b> For the pedagogical laboratory, reference library and information bureau.....	3,500
<b>Fourth:</b> For the establishment of a training course for teachers of exceptional children.....	5,000
<b>Fifth:</b> For new building and equipment, etc., for the "Observation Clinic" .....	10,000
<b>Total</b> .....	<u>\$25,000</u>

**To which of these funds will you contribute?**

**How much will you contribute?**



## **Resolutions**

The following resolutions were adopted by the 1911 Annual Meeting:

\* \* \* \*

**Resolved**, That the newly elected Board of Trustees be, and Maximilian P. E. Groszmann to the Department of Special Education, of the National Education Association, and adopted unanimously by the said Department at its meeting in Boston, July, 1910, are herewith heartily endorsed by this Association, to wit:

**Be it Resolved**, That it is the sense of this meeting of the Department of Special Education of the National Education Association, that the compulsory education laws of states and communities should be so amended, developed and extended by suitable legislation that

**First**, they embrace all children of school age, and provide for their training;

**Second**, they recognize the difference between the chronological age of a child and its maturity, and that the school age limit of each individual child be determined by maturity tests only, no matter whether the child is, in years, above or below the age standard; in other words, that a child's actual age be determined by physio-psychological data corresponding to the normal standard for the age limit required by law;

**Third**, all children or persons failing to meet such a maturity test shall be permanently under public supervision and control.

\* \* \* \*

**Resolved**, That the Board of Trustees be, and herewith is, instructed to appoint a Medical Advisory Board and an Educational Advisory Board, the members of both Boards to be experts in their respective lines of scientific activity. The function of these Boards shall be to co-operate with the Board of Trustees and with the Educational Director in developing proper methods of investigation of the problem of the exceptional child, in the Association's own institutions and otherwise, and to assist generally in the research work of the Association.



### **Change of Name of the Association's School**

On June 14, 1911, upon direction of the Annual Meeting, the Board of Trustees of the National Association for the Study and Education of Exceptional Children passed a resolution to change the name of "The Groszmann School for Nervous and Atypical Children" to

"HERBART HALL,"

adding thereto the subtitle

"Institute for Atypical Children"

Founded April 1, 1900, by Maximilian P. E. Groszmann.

This change was proposed by Dr. Goszmann himself in order to emphasize to the public that his foundation, since he donated it to this society, is no longer a private enterprise, but one of the activities of a comprehensive plan of scientific study. His suggestion was adopted to counteract any popular misconception that might arise from continuing the old name.

The appellation "Herbart Hall" was chosen in honor of the great German philosopher Johann Friedrich Herbart, who was the father of modern child psychology and whose teachings have vastly influenced the development of American education. The School had originally been named after Dr. Groszmann in recognition of his gift and because he was the first educator who evolved the perspective of the problem of the exceptional child. Many favored the retention of his name, but upon Dr. Groszmann's urgent request, the Board of Trustees finally authorized the change.



### **Publications Issued by the N. A. S. E. E. C.**

- The Treatment of Defectives—By Maximilian P. E. Groszmann, Pd.D. (Reprint from N. Y. Med. Jrl., Feb. 1, 1902.) Out of print.
- Die Berücksichtigung der kindlichen Eigenart—By Dr. Wilhelm Müller and Prof. Robert Metzger. (Reprint from N. Y. Staatszeitung, March 23, 1902.) Out of print.
- The Position of the Atypical Child—By Waldemar H. Groszmann. (Reprint from the Jrl. of Nervous and Mental Disease, July, 1906.)
- Das Problem des atypischen Kindes—By Maximilian P. E. Groszmann, Pd.D. (Reprint from Verhandlungen des Deutschen Gesellig-wissenschaftlichen Vereins von New York, Neue Folge, XIV. Jahrgang, Nos. 5 and 6, 1904.) Out of print.
- The Training of the Mentally and Morally Defective Child—By Maximilian P. E. Groszmann, Pd.D. (Reprint from The Bulletin of the American Academy of Medicine, April, 1907.) Out of print.
- Industries and Civilization. (Reprint from the Plainfield Courier-News, Feb. 25, 1908.)
- The Exceptional Child—By Dr. Maximilian P. E. Groszmann, Pd.D. (Reprint from The Evening Post, Nov. 23, 1907.)
- Special Report by Groszmann School, Inc.—April 1, 1907.
- Some Phases of Eccentric Mentality in Children—By Maximilian P. E. Groszmann, Pd.D. (Reprint from Education, Oct., 1907.) Out of print.
- Tentative Classification of Exceptional Children—By Maximilian P. E. Groszmann, Pd.D., May, 1909.
- Annual Report of the Third Fiscal Year of the N. A. S. E. E. C.—Feb., 1908.
- Dr. Maximilian P. E. Groszmann und sein Werk. (Reprint from New Yorker Echo, Oct. 31, 1908.)
- How to Dispose of Exceptional Children—By Maximilian P. E. Groszmann, Pd.D. (Reprint from School Exchange, Oct., 1908.)
- Mid-Year Statement of the N. A. S. E. E. C.—Sept. 1, 1909. Out of print.
- Classification of Exceptional Children as a Guide in Determining Segregation—By Maximilian P. E. Groszmann, Pd.D. (Reprint from The Bulletin of the American Academy of Medicine, Oct., 1909.)
- Catalogs of The Groszmann School for Nervous and Atypical Children, 1903, 1905, 1907, 1908, 1909. (Containing first survey and presentation of the problem of the nervous and atypical child.) Out of print.
- What Consideration Should be Given to Subnormal Pupils?—By Maximilian P. E. Groszmann, Pd.D. (Reprint from Proceedings of the Department of Superintendence of the National Education Association, March, 1910.)
- Report for the Fifth Fiscal Year, N. A. S. E. E. C.—April, 1910.



- Volume of Proceedings, 1910.\* (Containing papers and their discussion presented at the first annual conference of the N. A. S. E. E. C. Published by the Association, April, 1910.) \$1.50 net.
- The Exceptionally Bright Child—By Maximilian P. E. Grossmann, Pd.D. (Reprint from Volume of Proceedings of the N. A. S. E. E. C., April, 1910.)
- Danger-Signals in Young Children—By Maximilian P. E. Grossmann, Pd.D. (Reprint from Volume of Proceedings of the National Education Association, July, 1910.)
- The Career of the Child\*—By Maximilian P. E. Grossmann, Pd.D. (Published June, 1911, by Richard G. Badger, Boston, Mass.) \$2.50 net.
- Some Fundamental Verities in Education\*—By Maximilian P. E. Grossmann, Pd.D. (Published Sept., 1911, by Richard G. Badger, Boston, Mass.) \$1.00 net.
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2. Phases of Exceptional Development.
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### **TABLE OF CONTENTS**

#### **CHAPTER I**

##### **Dignity and Responsibility of the Teacher's Profession.**

1. Origin of the profession of teaching.
2. Error of the secular view.
3. Causes of secularization of instruction.
4. Effect of secularization.
5. The new pedagogy.
6. The new dignity of the teacher.
7. The new responsibility.
8. The new community of spirit.

#### **CHAPTER II**

##### **The Significance of the Kindergarten and its Rational Development.**

1. The kindergarten the pioneer of progressive educational methods.
2. What is the kindergarten?
3. Criticisms.
4. Re-adjustment of Froebel's great thought to new conceptions of the child's development.

#### **CHAPTER III**

##### **The Principle of Co-ordination of Studies.**

1. The Herbart-Ziller plan.
2. Correlation; interrelation; co-ordination; concentration.
3. Relationship of subjects.
4. Principles of co-ordination.
5. Ethical value of co-ordination.

#### **CHAPTER IV**

##### **The Physical Side of Education.**

1. Relation of body and mind.
2. Hygienic precautions.
3. Promotions.
4. Growth periods.
5. Physical training proper.
6. Final aim; power, vigor, self-control.

#### **CHAPTER V**

##### **A Rational Course of Study.**

1. A course of study should not be too formal; more in the nature of a suggestive outline.
2. What is to constitute a rational course? What is the aim of education?
3. Requirements of re-adjustment.
4. As to methods.
5. Interrelated scheme of studies.
6. Nascent periods; culture epochs.
7. Concentric circles.
8. Differentiation at pubertal period.
9. Elasticity of course. The final aim cultural, not utilitarian.



## CHAPTER VI.

**The Manual Principle.**

1. Manual culture vs. industrial training.
2. Constructional activity.
3. The place of manual culture in a co-ordinated system of studies.
4. Character of work.
5. Manual training vs. carpenter shop.

## CHAPTER VII.

**Kinds of Manual Expression.**

1. Introduction.
2. Variety of material.
3. Typical occupations and tools.
4. Illustrative work.
5. Assembled work.
6. Individual freedom and choice.

## CHAPTER VIII.

**The Mathematical Evolution of the Child.**

1. Value of mathematical abstraction.
2. Faulty methods in common practice.
3. Reaction; number as ratio.
4. Two sources of mathematical conceptions.
5. Method rather than sequence.
6. Mathematics makes for truth.

## CHAPTER IX.

**Geography as a Collective Center.**

1. Description of the earth includes natural history.
2. Geographical study depends on the sense of cause and effect, and the sense of space.
3. Construction of the proper apperceptive basis for geographical concepts.
4. Outline of course.
5. Final aim.

## CHAPTER X.

**History as a Collective Center.**

1. The meaning of history.
2. Development of the historic sense in the race and in children.
3. Application to course of study.
4. Universality of history instruction.
5. As to course.
6. Perspective and ethical bearing.

## CHAPTER XI.

**Nature Work as an Objective Basis.**

1. The knowledge which is of most worth.
2. The apperceptive basis of all other work.
3. Knowledge of environment.
4. Nature work and sense training.
5. Emotional value of experience.
6. Following the stages of mental development.
7. Final aims.



## CHAPTER XII.

**Language Teaching from a Child Study Point of View.**

1. Grammar is elementary logic.
2. The young child does not possess the power of logical reasoning.
3. Grammar work unsuited to lower and intermediate grades.
4. Grammatical concepts in upper grades.
5. Reversal of traditional course of language instruction.

## CHAPTER XIII.

**Reading and Literature with Remarks on Method.**

1. Lack of literary culture among public school graduates and its causes.
2. Reading begun too early.
3. Physiology and psychology of reading.
4. Reading and literature.
5. The study of literature affords vicarious experience. (Harris).

## CHAPTER XIV.

**Oral and Written Composition.**

1. Purpose of composition.
2. As to method.
3. As to themes.
4. Conclusion.

## CHAPTER XV.

**Grading and Promotion.**

1. Grading.
2. Promotions.
3. Child study as the basis of a rational system of grading, promotion and graduation.

## CHAPTER XVI.

**Hygienic Suggestions.**

1. As to diseases and abnormal children.
2. The schoolhouse.
3. Hygiene of the schoolroom.
4. Hygiene of instruction.
5. The children.
6. Hygiene of the teacher.

## CHAPTER XVII.

**Problems of Discipline.**

1. The present false standards of discipline.
2. The idea of punishment.
3. A rational discipline. . .
4. The teacher's spirit and attitude.

## CHAPTER XVIII.

**The Care of Defectives.**

1. Treatment of defectives in previous ages.
2. Classes of defectives.
3. Psychoses.
4. Minor mental abnormalities.
5. Treatment.
6. Spirit of the teacher.



CHAPTER XIX.

**Criminality in Children.**

**A. As to Causes.**

1. The warfare against sin and crime.
2. What is crime?
3. Heredity and environment.
4. Three physical causes.
5. Effects of example.

**B. As to Cures.**

1. Isolation of the unredeemable.
2. Special schools for defectives.
3. Improvement of biological conditions.
4. Education for parenthood.
5. A rational education in home and school.

CHAPTER XX.

**The Meaning of High School Education and Secondary  
Differentiation.**

1. The high school period.
2. Struggle over "electives."
3. Difference of attitude rather than of subjects.
4. Special high school unadvisable.
5. Sexual differentiation.
6. Parental education.
7. Difference of high school and special school.

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### **TABLE OF CONTENTS.**

#### **Part One.**

#### **MANUAL CULTURE AND SENSE TRAINING.**

1. Knowledge Never Learnt of Schools.
2. Motor and Sense Training.
3. The Lesson of the Centipede.
4. Experience vs. Book Learning.
5. The Philosophy of the Tool.
6. Not a new Branch, but a Method.

#### **Part Two.**

#### **ART CULTURE AND ART EXPRESSION.**

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2. Expression thru Art.
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